

may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 harm after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or hem 18 shows any injury, ar other traumatic event, the medical examiner must be notified at great

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YGIENE	9	3	1	0	4	6

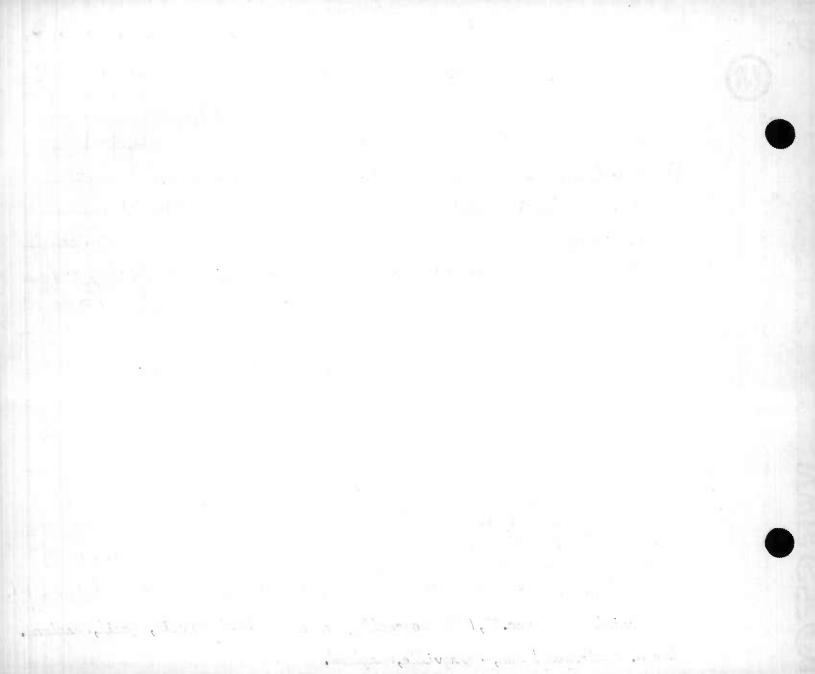
1		REGISTRAR				CEKITIF	ICAIL OF D	EATH	RI	EG. NO.			
	I. DEC	CEASED NAME	FIRST	,	MIDOLE	-	AST		20. DATE OF DEA		OAY YEAR	26 HO	JR
	(TIPE	OR PRINT)	Anna	.To	linek		Anderle			12	22,7	9 24	45H
1	3 SE>			1. RACE	TTHEK	5. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER	R 24 HR5
		Female		M h	ite	MONTH 10	15	1895		84 YRS	MONTHS OA	YS HOURS	MIN
N	7a. BII	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY?	8			9 BALTIMORE C				
1	CC	DUNTRY)		200			D   NEVER N			-			
4		zechoslova TY OR TOWN OF DEA			oslovakia HOSPITAL NURSIN			ORCED	12a USUAL OCC	upation	12h KINI	D OF BUSIN	MD.
			S. 1.30	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)			(TYPE OF WORK FOR	MOST OF WORKING			
		AL RESIDENCE (IF NURS			Zens Nurs		ome		House	ewife			
1		TATE	136 COUN		13c. CITY OR TOWN		13d. INSIDE CI		13e. STREET ADD	RESS			
-	14 5 4	Md.	Hai	ford	Belcam	p	YES	NO V		se 50,	P.O. 12		
	14 FA	THER'S NAME	A	IDDLE	LAST			MAIDEN NAM		DDLE	Zd	arska	1
1		John			Jelin			Ana			X <sup>0</sup>	exina	k
1		(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Anna	"Uleh:	la 201	Crock	er Dr		
ı	X	ONCOMMEN			213-60-	0642	Pol	Air. I		014			
i		18 CAUSE OF DEAT	H (Enter onl	y one couse per	line (or (a)) by, and	العالم العالم	21(1	^			BETWE	EN ONSET AND	DEATH
١		PART I. DEATH W		BY: CAUSE (a)	PNI	TUN	1011	4		3776	7	daya	2
i		1629		DUE TO O	R AS A CONSEQUE	NGE OF	(1)				1	7	
		Conditions, if any,		(b)	C/176	CIN	UMA	TOSI	5		6	mos	
		gove rise to imr		DUE TO O	R AS-A CONSEQUE	NCEOE		WALLEY.			1 1		
	100	underlying couse	lost.	(10)	CAR(1	100	MA	01	- 4	1100	5 6	m0(	
1	100	PART 2. OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	1(0)	
	CERTIFICATION												
	CAT	190 DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	? 20b. IF	YES, WERE FIN		
	TIF								YES NO	7	YES [	NO [	
	CER	21a ACCIDENT WAS UNI		216. TIME O		WEAR	21c. HOW IN.	IURY OCCURR	RED (ENTER NATURE	F INJURY IN ITEM I	8, PART 1 OR PART	2)	
1		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		H HOUR A.	M. MONTH DA M	Y TEAK	1000						
1	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f. LOCATIO	N		00.70	CO		
	×	WHILE NOT WE	HILE	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC.)	SINCE		CITY	ORTOWN	COUNTY	2	TATE
		22s   certify that (I)		ol) aftended the	e deceased from	4	19	19 9		1/2/	19 19	_ , that (i) (	we) lost
		sow the decease	ed alive on	10/0	1 19/	9	nd that in (my)	(our) opinion o	death occurred on	the date and h	our and from	the causes st	oted
	-201	above, (I) (we) (a	ala) (ala not	view the body	offer death.	/	DEGREE		/		22c. DA	TE SIGNED	_
Ì		Dontal	h. W	mello	and			TTENDING	MEDICAL DIRECTOR P	STAFF	12	12/7	5
		THE PHYSICIAN S N	AME (TYPE OF	PRINT)			122e ADDRESS	HYSICIAN	DIRECTOR	HISICIAN [	1	-//	
		DANTH	- /	MALA	KIL		127/	Mario	Avi	Amri	delin	tes 12	N
	23.0	URIAL, CREMATION,	PEACOVAL	23b. DATE	72.	IAME OF C	EMETERY OR C	DEMATORY	23d. LOCATIO	N	00/0000	1/1	
	730 B	URIAL, CREMATION, PECIFY) Cremation	n REMOVAL				n Mour		Ra I +	imore	COUNTY	Mď	ATE
		INERAL DIRECTOR	LA	12/24	1, 1, 1, 1	OI CE	ir Flour		E REC'D. BY REGIS		STRAP'S SIA		
		lter Broo	oks P	radles	The B	alto	Ма		0 9 8 10	79	IN THE STORY	To College	7
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BP\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

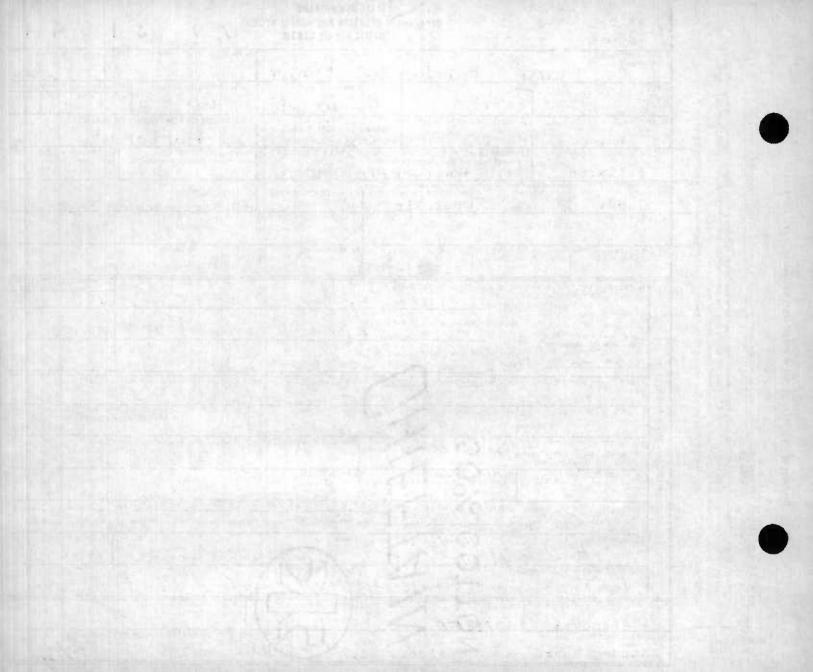
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

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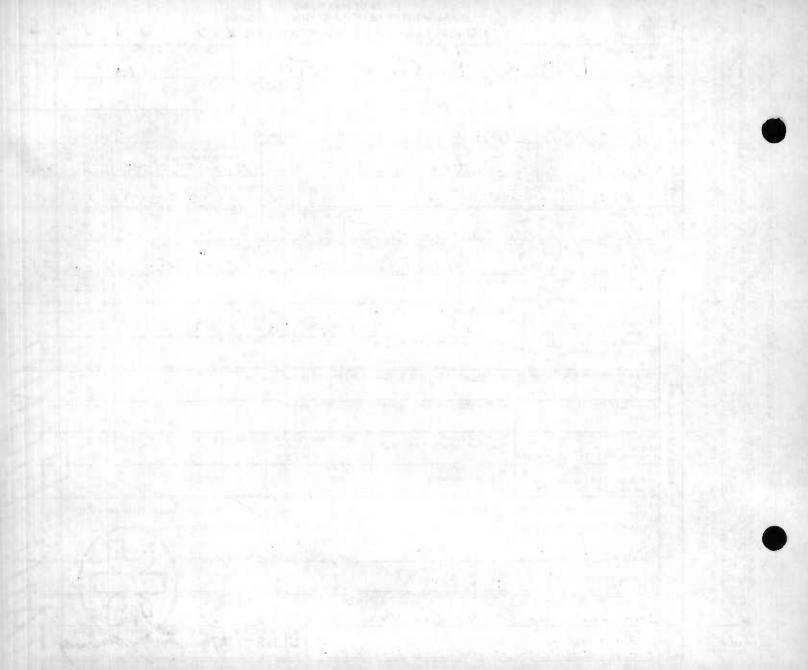
	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 3 1 0 4 3
N)		CEASED NAME FIRST OR PRINTING	Rosetta Andrews 12 20 79 5 5 6 N
To the	3. SE	Ferale	RACE S DATE OF BIRTH S AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR WONTHS DAYS HOURS MIN SEPT 20, 1910 69 YRS.
25 and to 25	C	DUNTIN)	MARRIED NEVER MARRIED NOTED NOTED MARRIED MARR
1	120	wre de Grace	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOTHIN SUCH FACILITY, GIVE STREET ADDRESS),  (IF NOTHIN SUCH FACILITY, GIVE STREET ADDRESS),  (IT YE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  HOUSE COMMENT OF WORKING LIFE INDUSTRY
Filled in Sould be	13a S	TATE 136. COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION   130 INSIDE CITY LIMITS?   130. STREET ADDRESS   130 Branda St.
ond 2 s	14 FA	Choistonher	DOLE SPASSINGTA EMALE MIDDLE Hughes
on and construction of the residual construct		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN! (IF YES, GIVE W	
hysic pape loval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	
or r offe		Conditions, if ony, which	DUE TO OR SCONSEQUENCE OF Pertailie 2 un
by th ose re il, cren other		gave rise to immediate cause (a), stating the underlying cause last.	DUE 10 00 3 A CONSECUENCE DE Mesley, mulanay Jegensey Zul
Then p to bur njury.	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART 1(0)
te hos beensit regiene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
s certificate has been bound-transit permit handle Hygiene print them 18 shows any in them 18 shows any in them 18 shows any in the hygiene bound the hygiene print them 18 shows any in the hygiene bound the hyg		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
After this ce as the burd Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE
for us of He 21 is		22a.1 certify that (I) (this haspital sow the deceased almost a above, (I) (we) (did (did not)	12-20 19-79 and that in (my) (our) opinion death occurred on the date and hour and from the courses stated
	1	20 SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   12-20-79
TO FUNERAL D should be defor with the Stote D IMPORTANT: #		22d PHYSICIAN'S NAME (TYPEORP	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
P DHMH-16 20M RA 15, 4) 7/78	Ke	HERALDREET STATE	ADDRESS  ADD



	1.	FOR STATE		DEP		EALTH AND MENTAL I	HYGIENE	9 :	3 1 0	44
-		REGISTRAR				ICATE OF DEATH		REG. NO.		4 4
100		CEASED NAME	FIRST	WIODLE		AST	2a. DATE OF	DEATH MONTH	OAY YEAR	2b. HOUR
186		M	lary	Kath	recine	Daye	10	1-18	-79	6091
180	3 SE	X	RACE		S. DATE C		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	
saf		<u></u>		W	MONTH	IO IG	1	00 v	MONTHS DAYS	HOURS MIN.
Pour e		IRTHPLACE STATE OR FOR	IGN 76 CITIZE	N OF WHAT COUN	TRY? 8		9. BALTIMO	RE CITY OR COU		1. 1.
12 2 1		Md.		USA	WIDOWE	D NEVER MARRIED		Hack	ord	AAF
within within	10. C	ITY OR TOWN OF DEAT	H II. NAM			OR OTHER INSTITUTION		OCCUPATION	12b. KIND (	OF BUSINESS OR
filed with		Falleton	Ett NO.	INSUCH FACILITY, GIVE	STREET ADDRESS)	-1 Hara	(TYPE OF WOR	FOR MOST OF WORKIN	NG LIFE) INDUSTRY	
	USU	Fallston ALRESIDENCE (# NURSIN	G HOME OR OTHER INSTI	TUTION GIVE BESIDENCE	REFORE ADMISSIONIL	a nosp.				
2 should be f		STATE 1	36 COUNTY	13c CITY OR	TOWN	138. INSIDE CITY LIMITS	? 13e. STREET	ADDRESS		
DOU E		Md.	HAR	Bel	Air	YES NO		orth At	wood Ro	ad
uiw 2	III.F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE	LA	ST
	16n \	WAS DECEASED EVER IN	U.S. ARMED FOR	ES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	191111	ADDRESS		2 THE R.
Poges	(	YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DA		14-790					
the The	-	La como escara				<u> </u>	77	^	APPROX	RIMATE INTERVAL ONSET AND DEATH
ovo ent, t		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED BY:	1		カカ。	Kenst	71 /21		MINT A A
rem		1 1	MMEDIATE CAUSE	(o) (e)	cer	1100	1001		/0/	- John
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iol, c		underlying couse	lost.	10 1/1	Th (	me line				
bur bur	1,	PART 2 OTHER SIGNI	FICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1	(0)
Then or to b	<u></u>			I	nan	ition	1 Cac	the XIC	_	
prior	CERTIFICATION	190 DATE OF OPERATION	ON 196 C	ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTO	OPSY? 20b. II	FYES, WERE FINDI ERTIFYING CAUSES	NGS USED 5 OF DEATH?
ows	1 1						YES 🗌	NO	YES	NO 🗆
Hygie	8	210. ACCIDENT WAS UNDER	1101	IME OF INJURY JR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NA	TURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)	
Mentol Hygin them 18 sh	¥	OR CONTRIBUTING CA	OSE OF DEATH	P.M.	19	1.002-07				
A We	MEDICAL	21d. INJURY OCCURRE		LACE OF INJURY	3.5	211. LOCATION		CITY OR TOWN	COUNTY	STATE
onc onc ked	2	WHILE NOT WHILE	E	OME, STREET, FACTORY, O	FFICE, FARM, ETC.)	JIREE	~	7 - /-	2001411	STATE
Arrier to se as the olith and marked	173	22a.1 certify that (I) (t		And the deceased for	rom 1010	19.	10-4	ec 11	19/7	that (I) (we) lost
for us		sow the deceased	olive on	xe17	1/3	nd that in (my) (our) opin	nion death occurre	d on the date and	hour and from the	
DIRECTOR: oched for us Dept. of He f Hem 21 is	1	obove, (I) (we) (did	d) (did not view the	body ofter death	- /	DEGREE			22¢ DATE	ESIGNED
1 + 0		Ve	Litte	7. Hals	man	ATTENDIN		STAFF	1.3.	-18-79
W 0 00 Z	-	THE PHYSICIANS NAM	ALILIE OR PRINT)		0000	PHYSICIAI	NOUNECTOR	PHYSICIAN [	M	831511
should be det with the Stote		PERFE	c70 L	IALAR.	AO MX	1716	Harfer	d Roa	d Fall	oten
F 0 3 ≤	23a.	BURIAL, CREMATION, RI	EMOVAL 236. DA	TE	23t. NAME OF C	EMETERY OR CREMATO	RY 23d. LOCA	ATION PR TOWN	COUNTY	STATE
		Remova	1 12	/18/79						
50M 7/77	24. F	UNERAL DIRECTOR		AODRE	\$5	25a.	DATE REC'D. BY R	EGISTRAR 256. RE	GISTRAR'S SIGNA	TURE
A 15 (4))	A	natomy Bo	ard		to., Mo	1.	ULUZ 4	13/9	all har le	mody



		STATE OF MARYLAND	
		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	0 4 3
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 4 3
ONE SEET,	{TYF	CEASED NAME PRIST DENISE Annette Benedetto 20. DATE KNOWN MONTH OF ESTI-DEATH MATED 1	DAY YEAR 26. HOUR 935 AM
ANY DELAY IS NECESSARY PLEASE AND 3 TO THE FUNERAL DIRECTOR RETAIN PAGE 5 FOR YOUR WILES PROUDS BE FILED, WITHIN 72 HOURS RECORDS, 301 W PRESTON STREET	3. SE)	1. RACE S. DATE OF BIRTH OAY YEAR S. LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD DEAD DEAD DEAD DEAD DEAD DEAD D	DAY YEAR 20 HOUR 9 5 M
FUNERS FOR WITH	BI	MARRIED   NEVER MARRIED    MIDOWED   DIVORCED	d MD.
ELAY IS TO THE PAGE BE FILED	F	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (STAND)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  ALLSTON  ALLSTON  TOWN OF DEATH  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  ALLSTON  ALLSTON	126. KIND OF BUSINESS OR INDUSTRY Civil Stervice
	USUA T3a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  13c. CITY OR TOWN,  13c. CITY OR TOWN,  YES  NOX  13e. STREET ADDRESS  PLY IV	Mer Drive
MD. ATH.	14. F/	ATHER'S NAME FIRST  VILLIAM A BENEGETTO CANDIDA MIDDLE  RICHARD  A BENEGETTO CANDIDA  R	UTORT
BALTIMORE, IRS AFTER DE GIVE PAGES WITH FORM WITH FORM OWISION OF	16a. V (Y	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 17. INFORMANT GATHERS ADDRESS 218-72-6751 MR WM. A REMEDICATION	SAME A13
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST D WITHIN 24 HC ENCIL IN IEM 1 MAINER ALONG TRANSIT PERMI REMOVAL.		Conditions if any, which gave rise to immediate (b) Probable Hyperthyyoid 300	
EXECUTED WING TO BE A BUTTEN WING TO BE A BUTTEN		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
RECORDS, JUD BE EXE PENDING" FF MEDICA ED AS A BI HEALTH AN	NO	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0).	
F VITAL REG	CERTIFICATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
PICATE OUTHE WOULD BE COULD BE TO BURE	MEDICAL CERT	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	
WAI WE AG	MED	21d. INJURY OCCURRED  VHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN  COL	NTY STATE
TO MEDICAL EXAMINER: THIS CERTI EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 SH AFTER DEATH, WITH THE STATE DEPA		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my ap death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	inian
CAL EXA THE CER SHOULD SRAL DIR		ACTUAL SIGNATURE MEDICAL EXAMINER SIGNE	12/1/19
TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMOI	730 A	EXAMINER'S NAME WILLOW RAMOSS ADDRESS 2404/005 2001 PM	ESIR pu and
BP	(5	BURIAL 12-5-79 BEL MEMERIALGARDENS BELAIR HARS	STATE MC
DHMH - 17 (VR A15 ME (5)) 30M 7/73	5	INERAL DIRECTOR  NAME E BARMES  LEMINS Fancral SERVICE BENSON Mal 250 DATEREC'D. BY REGISTRAR 251 DEC3 1979	Bready



							MARYLAND	
V		1-	FOR STATE	D	EPARTMENT OF	HEALTH	AND MENTAL HYGIENE	49 1 19 2 1
0			REGISTRAR	WED		ER'S C	CERTIFICATE OF DEATH Y REG.	10 1 U 9 Q
-			CEASED NAME FIRST		MIDDLE	0	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 76. HOUR
	PESTON STREET,		SCOX	96	INI'	13C0	Thold SC DEATH MATED	2-00-1711 J M
	RECT R FI HO STR	3. SE	1. RACE	MONTH DAY	YEAR LAST BIRTHDA			MONTH DAY YEAR 21 HOUR
_	TON 200	7- 0	RTHPLACE (STATE OR	7b. CITIZEN OF WH	AT COUNTRY?	5.	DEAD	Y OR COUNTY OF DEATH
	S S S S S S S S S S S S S S S S S S S	/d. B	altimore, Md.	USA	AT COUNTRY?		IED ← NEVER MARRIED □	rd County
-			TY OR TOWN OF DEATH		ITAL, NURSING HOME	WIDOW	ED CO DITORCED CO	TYPE OF WORK 12b. KIND OF BUSINESS
	RE DEATH, IF ANY DELAY AGES 1, 2, AND 3 TO TH RAM PM. 3, RETAIN PAGE 1 AND 2 SHOULD BE FILED. A ON VITAL RECORDS, 301 W.	1	Fallston.	Fallsto	LITY, GIVE STREET ADDRESS)	Hos	FOR MOST OF WORKING LIFEL	Maintence Beth Stee
-	SETAIN SOULD	USU/ 13a. S	TATE 13b. COUNT	ROTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSION IN TOWN	ON)	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	L platin
21201	A A B C B S S		Way 1 43	rtoru	Eddemoso		YES NO BY 2408	Boson Not Mo14"
WD.	TH. 3	14 F.	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME	LAST
	DEAN P P		Milton B				Mildred	?
WO		16a. \	VAS DECEASED EVER IN U.S. ARA	VAR OR DATES)	16b. SOCIAL SECURITY	NO.	17. INFORMANT ADDRI	
BALTIMORE,	SGHZA		ES, NO, OR UNKNOWN) (IE YES, GIVE WW)	1	220 01 501	9	Mildred Bertholdt, Wif	e Same
	HOUR A 18. 0 AG W MIT. P		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line f	ar (a), (b), and (c).)	11	Facily	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NS	ERW ERW			E CAUSE (a)	(3)	dia	ANTESO	
W. PRESTON ST.,	HIN III	13	410-	DUE TO, OR A	AS A CONSEQUENCE C	F	Mu control + C.	
ox ox	NE AN WON THE		Canditians, if any, which gave rise to immediate	(b)	11/92	7116	E LAT NO COLUISI THYSK	(1)10
	PEN (AM (L-TR AEN:		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR A	S A CONSEQUENCE	F ,	relevation allens of a	020
301	CONTRACTOR OF THE PROPERTY OF			(c)	- Tr	PEXIC	1.1011	97
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURS RD "PENDING" IN PENCIL IN ITEM 18. G CHIEF MEDICAL EXAMINER ALONG WIT USED AS A BURIAL-TRANSIT PERMIT. PA OF HEALTH AND MENTAL HYGIENE, DIV. AL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO OFATH BI	UT NOT RELATED TO THE TERMI	NAL OISEASE	E OR CONDITION GIVEN IN PART 1 (a).	
% EC	HIEF W USED A DF HEAL	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?	20. AUTOPSY?
ITAL	SHOULD DRD "PER CHIEF A E USED OF HEA IAL, CRE	IFIC						YES NO T
P V	ICATE SHE WOOD THE WOOD THE WOOD BE TAKENT TO BURIL	SER.	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c. HC	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	
NO ON	THE THE	N N	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR			
/ISIG	ERT ING ED 1	EDIC	21d. INJURY OCCURRED	21e. PLACE O	FINJURY (ATHOME.		CATION TREET CITY OR TOWN	Service and the service and th
ā	VRITI VRITI GE :	×	WHILE NOT WHILE AT WORK	STREET, EACTO	DRY, FARM, ETC.)	5	TREET CITY OR TOWN	COUNTY STATE
	E. TH.		22a. I certily that I taak charg	of the remains desc	rihed ahave held an	Autops	sy , Inspection , Inqui	and in my anining
	TOR THE TOWN, NO.			ol couses Z		cide	Hamicide Undetermined manner	and in my apinian
	REC REC AITH SYLA			1971	Tidelii L., 30	cide []	TITLE (\$PEC (\$PEC)	121-1-
	CAL EXAMINER: THIS CERTIFICATE SHOULD THE CERTIFICATE, WRITING THE WORD "PESHOULD BE FORWARDED TO THE CHIEF SAL DIRECTOR, PAGE 3 SHOULD BE OF SHOULD BE ATH, WITH THE STATE DEPARTMENT OF HERE, MARYLAND, 21201 PRIOR TO BURIAL, CRE		ACTUAL SIGNATURE	na K+ ()	mos	M	D. ASST PO- MEDICAL EXAMINER	DATE SIGNED 12279
	SH S		1.11	1 10	N.		0 (12)	nl Fill
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO ENDERAL DIRECTOR: AFTER DEBATH, WITH THE 8 BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	and k	Hmoss		ADDRESS 2404 PRESPITUI	18 Ker, Fallston My.
	PAC PACE	23a.B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CEM		CITY OR TOWN	Co. Md. STATE
	BP	24 -	JUNE AND DIRECTOR	12/26/79	vardens	OI r		Co., Md.
	DHMH - 17 (VR A15 ME (5))	R	uzdzinski Funer	al lone P	4 1407 Old	East	ern Avence 9 8 1979	Kifey Mc Crody
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Howard K. McComas III. Abingdon. Md. ncc

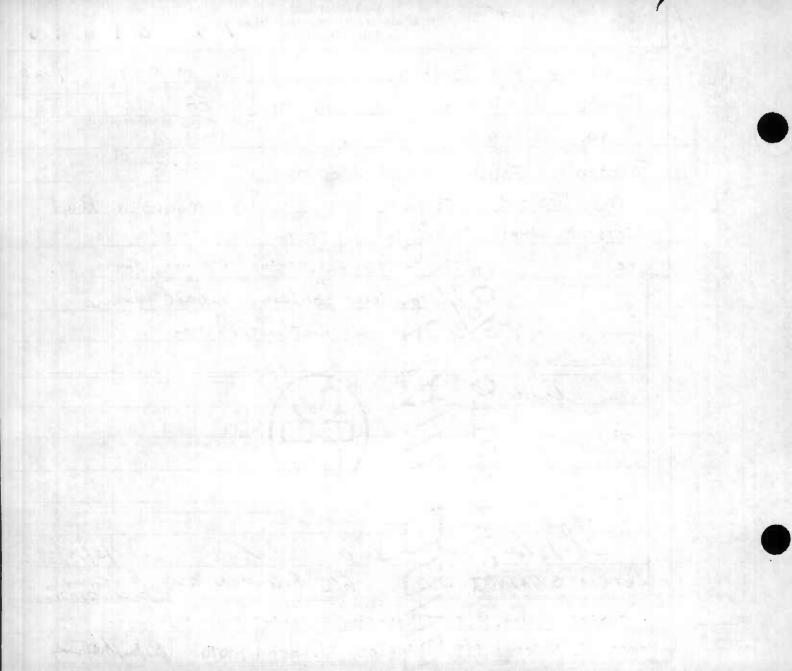
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- STATE

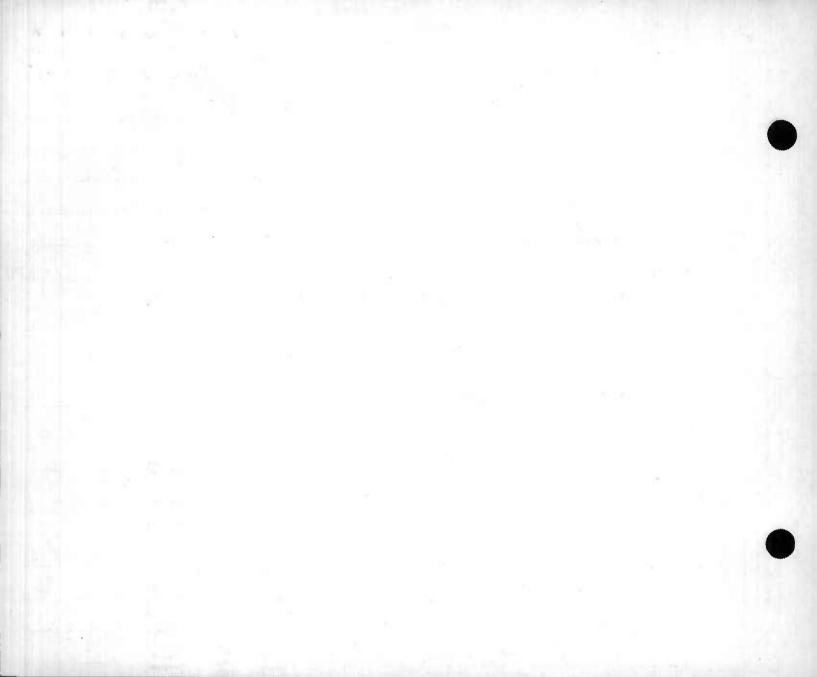
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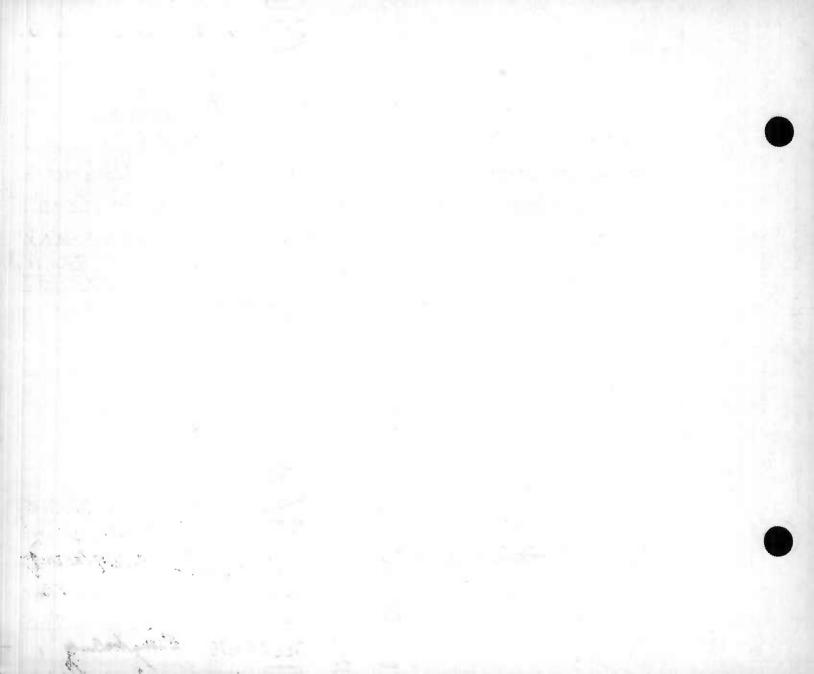
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



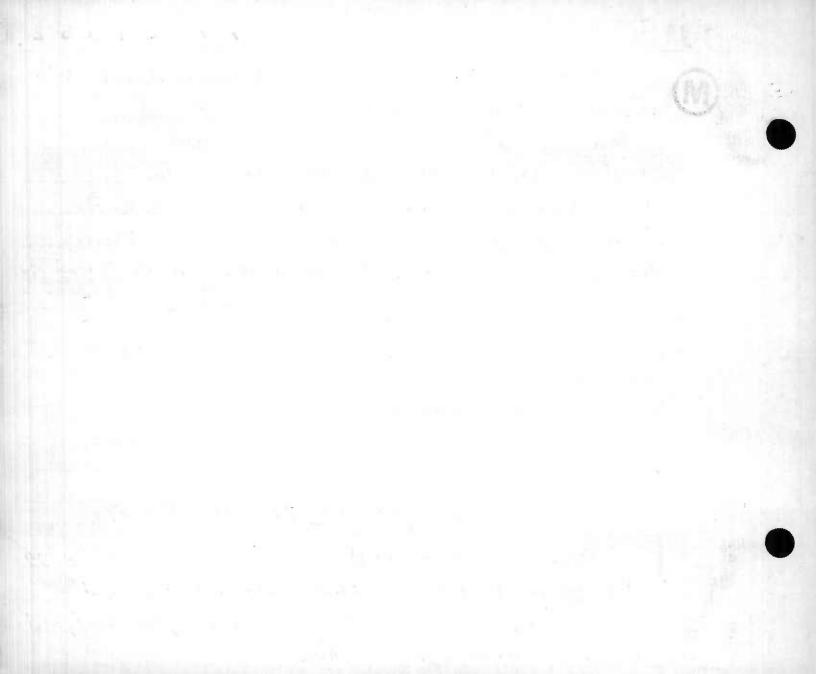
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0	08		STATE OF MARYLAND	
2	98	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	
	1	L.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No.	0 5 1
100				DAY YEAR 26 HOUR
	www.	(TY)	PEORPRINT) PEOLL HOWARD BURNETT DEATH MATED 11/2	10-11/50
	3000	3 SE	Cod- 100 to Carrot	DAY YES SA INJUR
	SAME.	35,	MONTH DAY, YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN, PRONOUNCED	70 50
	20000		M 7 4 25 54 YRS. DEAD /2	CO 19 19 4 DM
	CCESS NERA FOR VITHI PREST	7a B	IRTHPLACE (STATE OR )76. OTTIZEN OF WHAT COUNTRY?  OREIGN COUNTRY)  8. MARRIED NEVER MARRIED   9. BALTIMORE CITY OR COUNTY	OF DEATH
		V.	irginia (ST WIDOWED DIVORCED DI	) MD
	AY IS NE PURA SAGE 5 FILED, V		ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1)2	b. KIND OF BUSINESS
	PAC TE POLO	4/2	FOR MOST OF WORKING (IFE)	OR INDUSTRY
	IF ANY DELV. 2, AND 3 TO 3. RETAIN P SHOULD BE I RECORDS.	USUZ	AMRESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Constr.
5	F ANY DEL AND 3 TO RETAIN HOULD BE RECORDS	13a. S		12.01
2120	A A S S S S S S S S S S S S S S S S S S		IVID THARPORD HER RUEEN YES NO 143 EAST DEANS.	MKERDEEN
MD.	H. 1, 2, 1, 2, 2, 5	14. E/	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE Edwards	LAST
	DEATH.		Fred Burnett MINNIE Poarl Line	also stat
0	FORM ON OF	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	VX-XXX
BALTIMORE,	OURS AFTER DEATH, IF 18. GIVE PAGES 1, 2, 8, WITH FORM PM 3, 1 TI, PAGES 1 AND 2 SH C, DIVISION ONVITAL RR	(4	Ves. NO. OR UNKNOWN) (HEYES, GIVE WAR OR DATES) WWII 219-12-6831 Fthol BUTHOTT 4606 FUCO NO	1 2 0 1
NAL.	JRS A WITH PAC DIVIS		LITTE OUT TENERAL TOOL LUGEN	
	18. OU		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), A A A A A A A A A A A A A A A A A A A	APPROXIMATE INTERVAL . BETWEEN ONSET AND DEATH
N ST	J 24 HO ITEM 11 ALONG PERMIT GIENE,	1	IMMEDIATE CAUSE (a) CORON ON METAR PISERSE	
PRESTON	IN I	118	DUE TO, OR AS A CONSEQUENCE OF	
E E	ED WITHIN PENCIL IN LAMINER A LLTRANSIT VENTAL HY		Canditions, if any, which gave rise to immediate (b) (b)	
× .	N N N N N N N N N N N N N N N N N N N	17	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
301	E 7 A 4 4 A		lying couse last.	
	0.2 - 5 9 7		BART 3 OTHER SETMENT CONDITIONS CONTRIBUTE OF THE STATE O	
2	PIC	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
2	MEE MEE MEE AATTI	9		
~	HIEF A USED DF HEA L, CRE/	3	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
41	SHO ORD ORD CHIR CHIR AIL, OF	표	[2] [2] 자근 [4] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	YES NO
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Z	RTIFICATE VIG THE VIG THE VIG THE VIG THE VIG SHOULD PARTMEN OR TO BU		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
Sio	SH OR	MEDICAL	214 INTERVOCCURRED 216 PLACE OF INTERV 14T WOME 1216 LOCATION	
N N	ARDED ARDED GE 3 S TE DEF	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNT	TY STATE
S. P.	E. THIS E. WRII PRWARD PAGE STATE 21201 P	123	AT WORK O AT WORK	
	2 2 2 3 2 3		22a. I certify that I taak charge of the remains described above, held any Autapsy . Inspection . Inquiry . and in my apini	ian
	AINE FECA BE FC CTOR A THE AND,		death resulted fram: Accident , Suicide , Hamicide , Undetermined manner ,	
	CAN PERTIE			1 1
	EX. CER OULD OULD WARN		ACTUAL CHANGE CONTROL DATE	11/01/ha
	MEDICAL EXAMINI CUTE THE CERTIFIC, SE 4 SHOULD BE FE EUNERAL DIRECTO ER DEATH, WITH TH TIMORE, MARYLAND		SIGNATURE M.D MEDICAL EXAMINER SIGNED.	1 de la
	MEDIC CUTE TI SE 4 SI FUNER FUNER TIMORE		EXAMINER'S NAME / T /- 1/T-1 MT) 11/1/11: 2012 - St 1/10	-N. COM
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	TO TO AFT	23a. B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	STATE
	BP		Burial Pec24, 1979 BelAir Mem. Gardens BelAir Harford	
	DHMH · 17	24. F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG	
	(VR A15 ME (5))	1	Howard K. McComas III, Abingdon, Md. DEC 21 1979 Pritray	relievely
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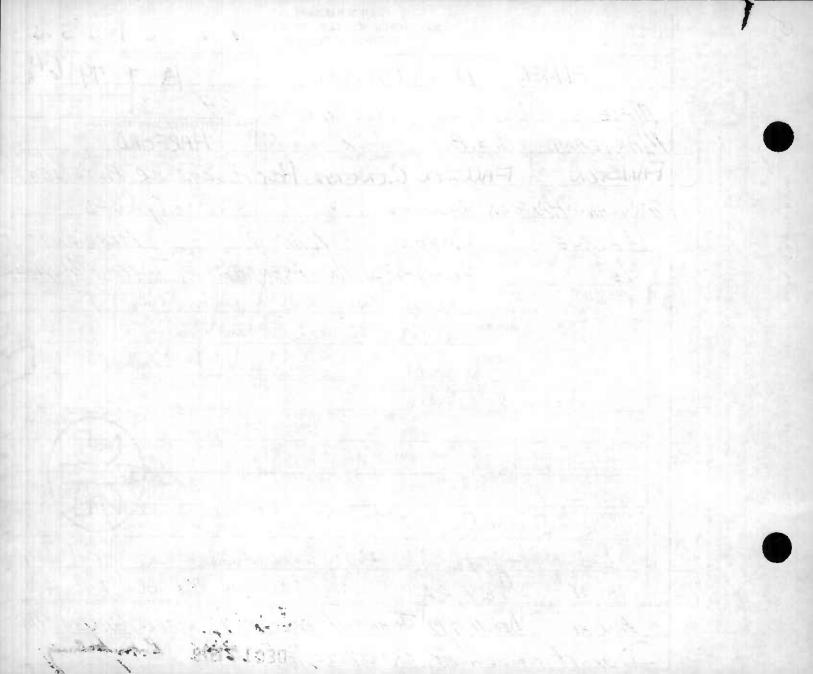


3		1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	9 3 REG. NO.	1	0 5	3
	oge 4 may be	3. SE	MALE	R H  A RACE  MIDDLE  A RACE  MIDDLE	S DATE OF BIRTH OCT, 31, 1915	6. AGE (1)	<del></del>	MONTHS RS	DAYS H	F UNDER 24 HRS
100	rs after death in by the funeral filed within 72	1	TY OR TOWN OF DEATH		RY?   8 MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   NEVER INSTITUTION (RET APPRESS)	12a USUA (TYPE OF W	LOCCUPATION ORK FOR MOST OF WORK	RD NG LIFE JUNE		MD BUSINESS OR
ARYLAND 212	rithin 24 hourstely filled in 2 should be anner must be	17/	AL RESIDENCE (IF NURSING HOME O TATE 13by ODUI ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL	NTY BEITY OR		33	T ADDRESS OO ELY	Ros	98	
MORE, M	be executed w		CHORGE VAS DECEASED EVER IN U.S. AR	CATO	ECURITY NO. 17 INFORMANT 6-634 MRS. BRE	NOAK	POLT, JO	HUSIPA	MA	KYLAN
DS, 201 W. PRESTON ST., BALTI	quires that the death certificate signed by the attending physic hen please remove corbon pape to buriol, cremotian, or removal highry, or other froumatic event, to	NO	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSE	OUENCE OF ALL	dise laistic	ase baild	seude		IE INTERVAL
DIVISION OF VITAL RECORD	PHYSICIAN. The law re ending physicion. This certificate has been the buriol-transit permit. Ind Mental Hygiene prior d or Item 18 shaws any in	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IE EITHER, NOTIFY MEDICAL EXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	19	YES	NO INC	F YES, WER ERTIFYING YES T M 18, PART 1 OR	CAUSES OF	S USED F DEATH?
DIVISIO	OR ATTENDING e hospitol or att DIRECTOR: After sched for use as th Dept. of Health or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220. I certify that (1) (this hasp saw the deceased alive or above, (1) [Me] (did) (2nd not 22b. SIGN 186		om 4 V - 19 9 9 . ond that in (my) (ood opinio	MEDICA	L STAFF	7. 19. 7 I hour and f		
	TO HOSPITAL retoined by th TO FUNERAL should be dete with the State IMPORTANT:	230.	228. PHYSICIAN'S NAME (TYPE OF	OTEYZA	220 ADDRESS 1/3/ BAG  231. NAME OF CEMETERY OR CREMATOR	TIMBRE 1230. LO	PIKE B	EL A	FIR	Wd.

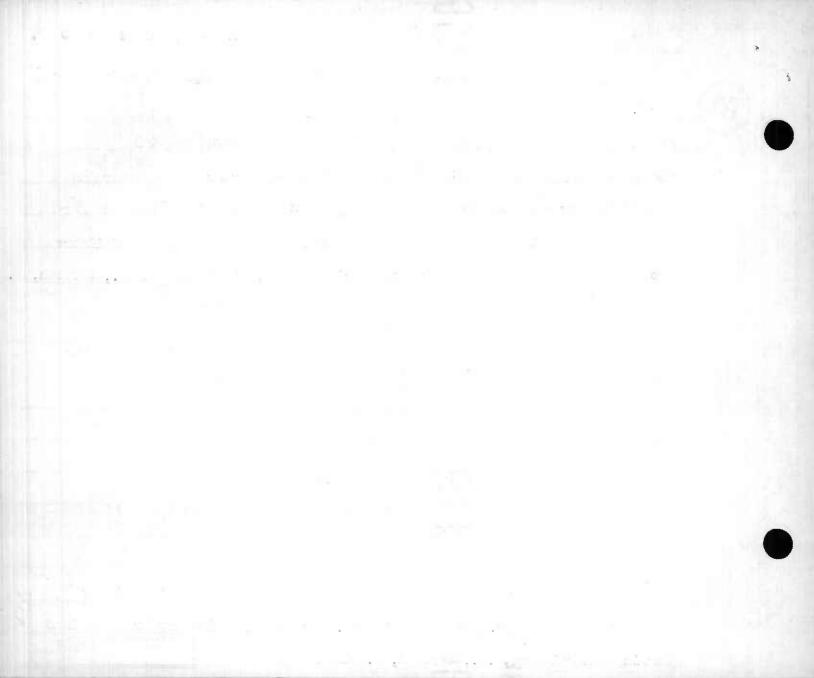
250. DATE REC'D. BY REGISTRAR DEC 1 7 1979

DHMH - 16 50M 1/76

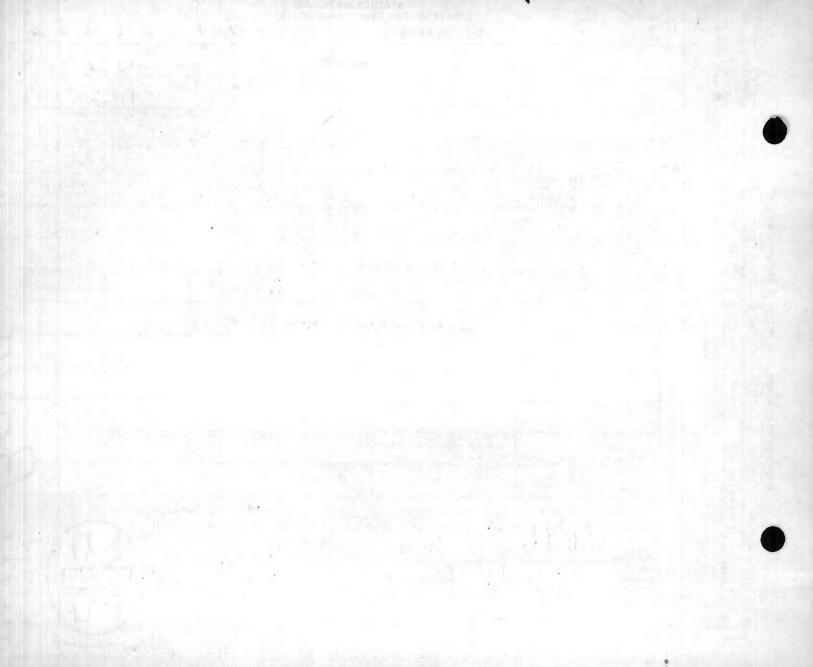
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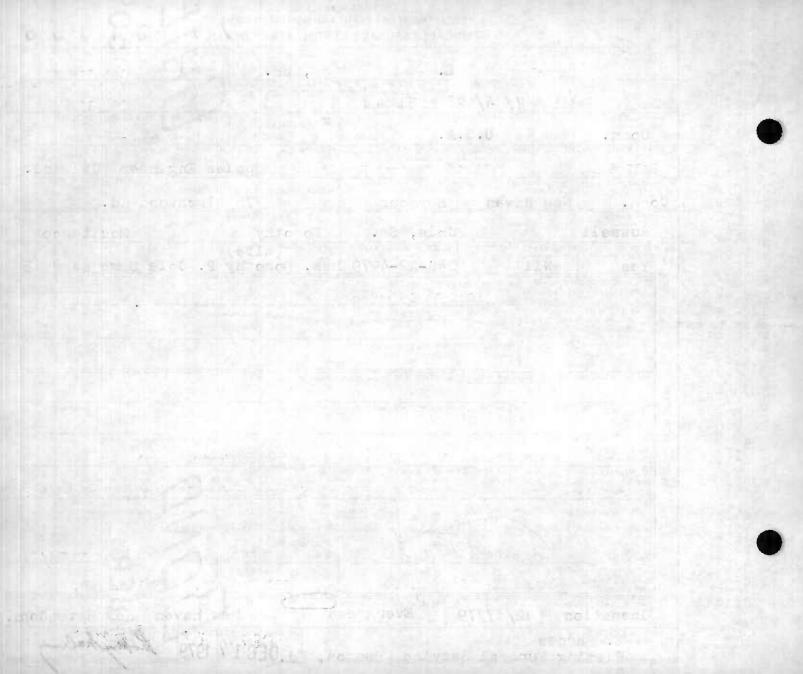
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 24. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINTI 4 RACE 3. SEX S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS In BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h, KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS eRd NO T YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Childers. Susan 60 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES) Hammons No James Run Rd Aberdeen APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to a Conditions, if any, which gave rise to immediate (a), stating CONSERVE underlying cause last d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO [ Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ 211 LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED à (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 10-220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above (Lewerte d) (did not) view the body after death 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING & × MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 226. PHYSICIAN'S NAME (MIPE OR PRINT) 22e ADDRESS d p IMPORT, 0 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE SPECIFY Harford Maryland Buria Gardens 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M ADDRESS (VRA 15, 4) 7/78 Tarring Funeral Home. P.A. Aberdeen. Md.



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 3 1 1 5	5
REG. NO.	-
I. DECEASED NAME CIPE OF PRINT)  IT DECEASED NAME CIPE KNOWN & MONTH DAY YEAR OF ESTI- DEATH MATED 1222-197	1 999
3. SEX 1 RACE 5. DATE OF BIRTH VEAR 1. AGE (IN YEARS IF UNDER 1 YR. VIF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	2d. HC
76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH	. 1
MARRIED MEVER MARRIED   HARFORD COUNTY	
11. NAME OF HOSPITAL, NORSING HOME, OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  OR INDUS  FOR MOST OF WORKING LIFE)  OR INDUS  OR I	TRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION),	STE
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION), 136 STATE 136. OUNTY 137 ON 137 ON 138 INSIDE (ITY LIMITS? 136. STREET ADDRESS DOLLY RESIDENCE DEFORE ADMISSION), 137 TOTAL 138 INSIDE (ITY LIMITS? 136. STREET ADDRESS DOLLY RESIDENCE DEFORE ADMISSION), 138 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 139 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 130 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 131 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 132 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 134 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 135 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 136 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 137 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 138 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 139 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION), 130 STATE 100 DOLLY RESIDENCE DEFORE ADMISSION, 13	
14. FATHER'S NAME  FREST  FREST  FREST  ADDRESS	
FREDERICK CHRISTOPHER MARGARET BIGGES!	2
[YES, NO, OR UNKNOWN] [(IF YES, GIVE WAR OR DATES)	
18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)	TE MITERIA
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	ET AND DE
4/40 IMMEDIATE CAUSE (0)	
S Conditions if any which \ (1.1 au) AscleVATIC Heart NISON AS	
gave rise to immediate (b) Couse (o) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
lying cause lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19a. Date of operation  19b. Condition for which operation was performed?  21c. EXTERNAL CAUSE WAS  21b. TIME of Injury  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  22c. AUTOPS  YES  21d. EXTERNAL CAUSE WAS  21b. TIME of Injury  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  21c. EXTERNAL CAUSE WAS  21b. TIME of Injury  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED?  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
YES UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  217. LOCATION STREET CITY OR TOWN COUNTY	NO [
UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M.  19  214. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	-
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STA
AT WORK AT WORK	
WHILE NOT WHILE AT WORK AT WORK  270. I certify that I took charge of the remaining described above, held an Autopsy , Inspection on a in my opinion	
270. I certify that I took charge of the repainty described above, held an Autopsy   Inspection in I	1
ACTUAL // MAD TATE 12/2	20
SIGNATURE M.D. M.D. M.D. MEDICAL EXAMINER SIGNED	1
EXAMINER'S NAME WILLDYOK AMOSS ADDRESS 2404 PRESONT VILLE FOLKTON	m N
230 BURIAL CREMATION REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	
GSPECIFY) COUNTY COUNTY	RULA
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE	U JAP
S)) NAME C ADDRESS (144 ) 1 0 5 0 0 0 0 7 1070	



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5	1 - STATE										6
	1. DECEASED NAM	AE FIRST			LAST	CATEO			MONTH	DAY YEAR	26 HOUR
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70.00	Conn	•			WIDOWED [	DIVORCE	D D I	Harford	Count	y	MD
(C) HE III -			(IF NOT IN SUCH FACIL	ITY. GIVE STREET ADDRESS	3)		12a USUAL OCC	UPATION (TYPE O	F WORK 12	OR INDUS	TRY
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AN AN AN					DC	rothy		ADDRECS	Mou	Lthro	р
S FOR S	(YES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)							"	7.7
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BE E ADIN NEDIN AS A A A TI		54.4									
UUD WEN	190. DATE C	FOPERATION	196. CONDITIO	ON FOR WHICH OPE	ERATION WAS PERFO	RMED?				20. AUTOPS	Y?
SHO ORD CHILD	115								190	YES 🗌	NO 🗆
AEN BUR	21a. EXTERN				21c HOW INJUR	Y OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2	2)	
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CER 3 S S S S S S S S S S S S S S S S S S	21d. INJURY	OCCURRED	21e PLACE OF STREET, FACTOR		21f. LOCATION STREET		CITY OR	NWOI	COUNT	TY	STATE
A A A K K K	AT WORK	AT WORK	<u>x</u>	street	I95 at m	ilepos	tmarker	127South	n, Ha	rford	Co.,M
ATE, PRE P	22a. I cer	tify that I took charg	e of the remains descr	bed above, held in	Autopsy X	Inspection	Inquir	y , and i	in my apini	ian	
A STEEL STEE	death resu	ted fram: Notu	najegoses . Z	reinst X	Suicide . Ham	icide .	Undetermined	manner ,			
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TO N SAFTER					-						
			12/17/79				New I	lav en	New	Haven	Com.
DHMH - 17	24. FUNERAL DIRE	CTOR	ADDRESS			25e. DATE R	EC'D. BY REGIST				,
(VR A15 ME (5)) 15M 7/76				ervice	Benson.	Ma DE	C1719	79	17/	Helino	7
THE PERSON NAMED IN COLUMN 1	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. I  EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM. 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE PROWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PW 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL: RRANSIT PREMIT PAGES 1 AND 2. SAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL.	DOVISION OF VITAL RECORDS, 301 W. PRESTON ST. BALTIMORE, MD. 21201  TO MEDICAL EXAMINER: THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARIAN ST. BALTIMORE, MD. 21201  SECUTE THE CERTIFICATE WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARIAN ST. BENDER THE CORD. S. AND 34 OF THE FORM PAR 3. RETAIN PAGE 5. FOR YOUR DELAY IS NECESSARIAN ST. BENDER TRANSPORTER ALONG WITH FORM PAR 3. RETAIN PAGE 5. FOR YOUR DELAY IS NECESSARIAN ST. AND 2. SHOULD BE VISED WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, DIVISION OF VITAL BALT STREET, DIVISION OF VITAL BAL	TONE ON THE WIND BE LECTOR WITH MEDICAL EXAMINES. THE CREDITAR REGISTRAR  1. DECECARED NAME  1. DECECARE NAME  1. DECECARED NAM	1- STATE REGISTRAR  1. DECEASED NAME FIRST  [TYPE OR PRINT]  Samuel  3. SEX  Male  White  7. 4/2  Male  White  7. 4/2  Male  White  7. 4/2  Male  Male  White  7. 4/2  Male  M	FOR REGISTRAR  T. DECEASED NAME [TYPE OF PRINT]  Samuel  L.  Samuel  J. DECEASED NAME [TYPE OF PRINT]  J. DECEASED NAM	DEPARTMENT OF HEALTH AND M MEDICAL EXAMINER'S CERTIFIED STATE REGISTRE REGISTRE REGISTRE REGISTRE REGISTRE REGISTRE REGISTRE MEDICAL EXAMINER'S CERTIFIED STATE REGISTRE REGISTRE MEDICAL EXAMINER'S CERTIFIED STATE REGISTRE REGIST	RESISTANT MADEL  1. STATE RESISTANT MADEL  1. DECEASED NAME 1. COLE ** ST.*  3. SERWING CORRESPOND 3. SERVING CORRESPOND 3.	TO THE PROPERTY OF THE PROPERT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATION  MARRIED ST.  MARRIED	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  TOPICASES NAME TOPI	TO SET TO



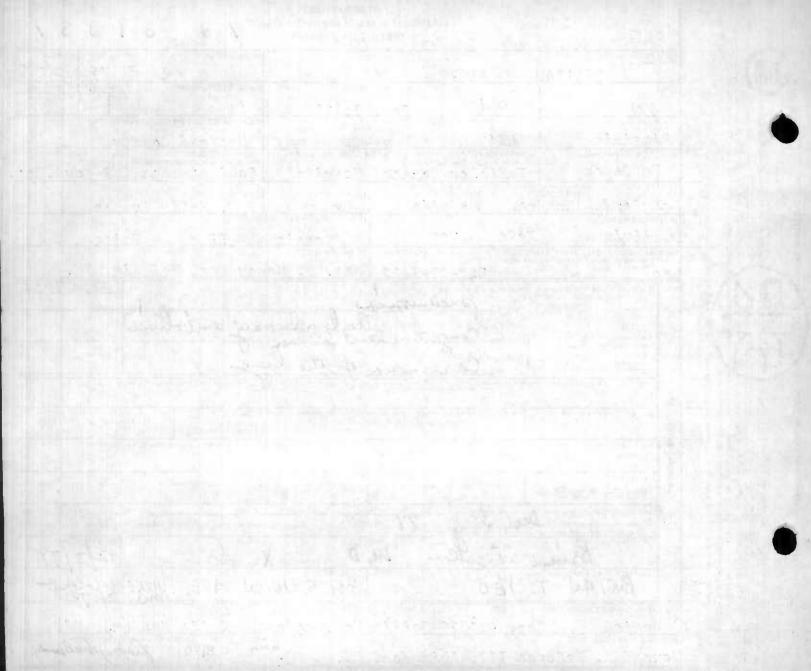
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

retained by the haspital or attending physician.

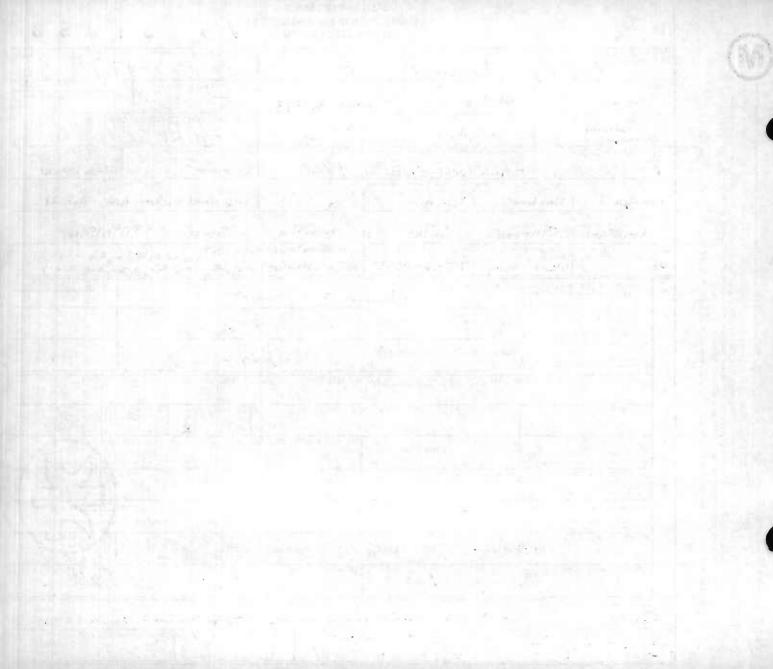
BP. DHMH - 16 25M (VR A 15 (4) ) 9/74

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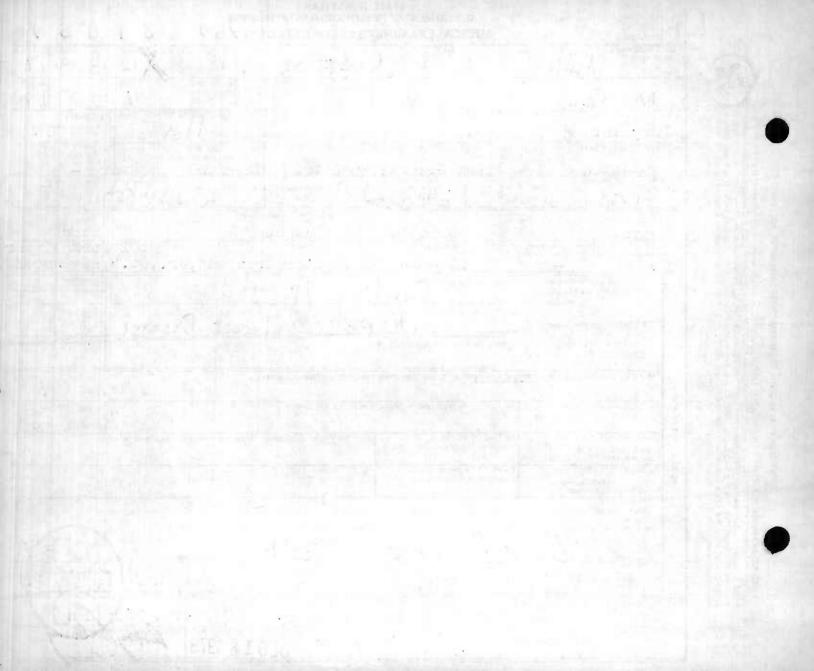
1				STATE OF MARTLAND					
	1.	FOR STATE	DEPART	TMENT OF HEALTH AND MENTA		3 1 0 5			
-	'	REGISTRAR ILIL	LIAM Floyd	CERTIFICATE OF DEATH	REG. IVC				
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 76. HOU			
	(ITPE	WILLIA	M FLOYD	COX	/	2 3 79 103			
	3. SE)		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH				
		m	White	Tan. 9. 1913	66	YRS DAYS HOURS			
-	7a BII	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/2	- 9 BALTIMORE CITY OF				
82	CC	DUNTRY)	USA	MARRIED W NEVER MARRIE		Cauntu			
00		LTGLULA TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTIO					
20			(IF NOT IN SUCH FACILITY, GIVE STREE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF				
200		Fallston		neral Hospital	e Cabinetmo	aker US-govt.			
21	13a S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO	WN   13d INSIDE CITY LIM	ITS? 13e. STREET ADDRESS				
35			ford Bel Ai	- ''		ly Avenue			
	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDI	EN NAME	LAST			
120		Alvin	Pete Cox	Carr		Price			
7	16a V	AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRE	SS			
	n.		228-07-	2417 Mrs. E.	Nancy Cox, 1	Bel Air, Md.			
	-		only one cause per line for (a), (b), a			APPROXIMATE INTE			
,		PART I, DEATH WAS CAUS	SED BY:						
>	100	IMMEDI	ATE CAUSE (0)						
other t									
ury, ar	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT BELATED TO TH	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)			
ر ا	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USE			
9	FIG	THE DATE OF CLEANION			YES T NOT	IN CERTIFYING CAUSES OF DEA			
Sugar Sugar	RT	21a. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	1217 HOW INJURY O	OCCURRED (ENTER NATURE OF INJUR				
0 4	1	OR CONTRIBUTING CAUSE OF E	THOUSE A MA MACHITIL	DAY YEAR					
E /	OA	(IF EITHER, NOTIFY MEDICAL EXAMIN		19 214 + OCATION					
o o	MEDICAL	21d. INJURY OCCURRED	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION STREET	CITY OR TOW	VN COUNTY S			
2		WHILE NOT WHILE AT WORK							
E .	10.0		spital attended the deceased from		, to	, 19, that (I) (			
4	saw the deceased alive and least of the body ofter death.  19 77, and that in (my) (aur) apinion death accurred on the date and hour and from the causes above, (1) (we) (did) (did not) view the body ofter death.								
E		224 SIGNATURE D (	- 0	DEGREE	the second	22c. DATE SIGNED			
		Bis	w 1. to	M, D ATTEND	MEDICAL STATE				
A A A		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	220. ADDRESS		1/100- 1 (000)			
		BRIAN	UNION AVE.	MANKE DE GRACE					
-	72-	BURIAL CREMATION, REMOV	AL 236. DATE 23	IL NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION	1902 210 //			
		SPECIFY)			CITY OR TOWN	Harkord Md.			
	_	Burial	Dec. 6, 1979 B	BelAir Mem. Gar	SA DATE REC'D BY REGISTRAR	Harford Md.			
		UNERAL DIRECTOR	ADDRESS		PEC 5 1070	tratay selve			
9/74	HO	wand K. McCo	mas III. Abir	adon. Md.	5 19/9	graffy to the			



	11	- STATE REGISTRAR	CERTIFICATE OF DEATH 7 9 REG. NO. 3 1 0 5 8						
M)		ECEASED NAME FIRST EMOR	Y LAVINSON	COYL	E		2-17	-79 T	26. HOUR 4
of the control of the	3. SE	MALE	White	S. DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF U		IF UNDER 24 HRS
nerol and 72 hours		HIRTHPLACE ISTATE OR FOREIGN COUNTRY) LINCOLN KANSAS	76 CITIZEN OF WHAT COUNTRY? 8		NEVER MARRIED	9. BALTIMORE CITY OF COUNTY OF		DEATH	
by the fur		-A LLSTON	11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STRE HALLSTON GE	SING HOME OF		120 USUAL OCCUPATION OF THE OF WORK FOR MOST O	F WORKING LIFE	26. KIND OF NOUSTRY GLASS BI	BUSINESSO
filled in nauld be f	130	NATE ASSIDENCE (IF NURSING HOME 136 CO)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY FOR CO. BELLA	WN 1	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	ickory Au	E Apl	h 21
ond 2 st	14. F	ATHER'S NAME  WILLIAM CL	ATENCE Coyle	E	15 MOTHER'S MAIDEN NA	JANE		MONH	,
Poges I			ARMED FORCES? 166 SOCIAL SEC VIVE WAR OR DATES) 715-16-		17 INFORMANT BAUGHT		SS South Hickory Air, Mar	many 2	41014
attending physiave carbon pop tation, ar remave roumatic event,		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), (sED BY:  ATE CAUSE (o)  DUE TO, OR AS A CONSEO	Thide	Porlet.	Pnea mar		BETWEEN ON	ATE INTÉRVAL
and by the n please rem burial, cremi		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO		NOT RELATED TO THE TERM	A - 1	DITION GIVEN I	N PART 1(o)	
has been sign permit. The ene prior to laws ony injur	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES O	
certificate urial-transitiental Hygii tem 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2]	
ofter this as the but th and M orked ar	MED	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'N C	OUNTY	STATE
he haspital a DIRECTOR: A ached for use Dept. af Heal If Hem 21 is m		saw the deceased alive of	pital strender the decreased from	17 ont	I that in (my) (out) opinion. EGREE ATTENDING	death occurred an the do		from the co	
retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (1706	NAIR M	17-	PHYSICIAN (	Mellon		Falls	In.
BP		BURIAL, CREMATION, REMOVA (SPECIFY)			METERY OR CREMATORY	136 LOCATION 13EL ATT, HAT	Ford G. Ma	my hand ?	STATE
1-16 60M 7/73 VR A 15 (4))	NOTE .	UNERAL DIRECTOR	Ster WiBradian	世 いいまれ	MS St. 250. DAT	EC181979	256. REGISTRAR		RE .



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN YEAR (TYPE OR PRINT) OF Sr DEATH MATED SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER IF UNDER 24 HRS DATE 2d. LAST BIRTHDAY PRONOUNCED DEAD 7 1903 OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Marylan d USA WIDOWED DIVORCED II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Fallston Chemical ston General Hoapital Operator USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST AND Crispens Allaise Kacer David 6 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS 602 YorkshireDr (YES, NO. OR UNKNOWN) Walter Crispens. Jr. . Ct. B. EdgewoodMd No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH SIT PERMIT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF REMOVA Conditions, if any, which LD BE USED AS A BURIAL-TRAN.
SENT OF HEALTH AND MENTAL
BURIAL, CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO T DEPARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 210. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED II. LOCATION AT WORK AT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE STATE C 220. I certify that I taak charge of the remains described above, held on Autapsy Inspection death resulted fram Undetermined manner DATE TO FUNERAL CAFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME 23a BURIAL, CREMATION, REMOVAL 234, NAME OF CEMETERY OR CREMATORY Baltimore, Maryla nd Oak Lawn Cemetery Burial Schimunek Funeralopres. Belair Rd. **DHMH - 17** (VR A15 ME (5)) Balto Home. Inc 30M 7/73



ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

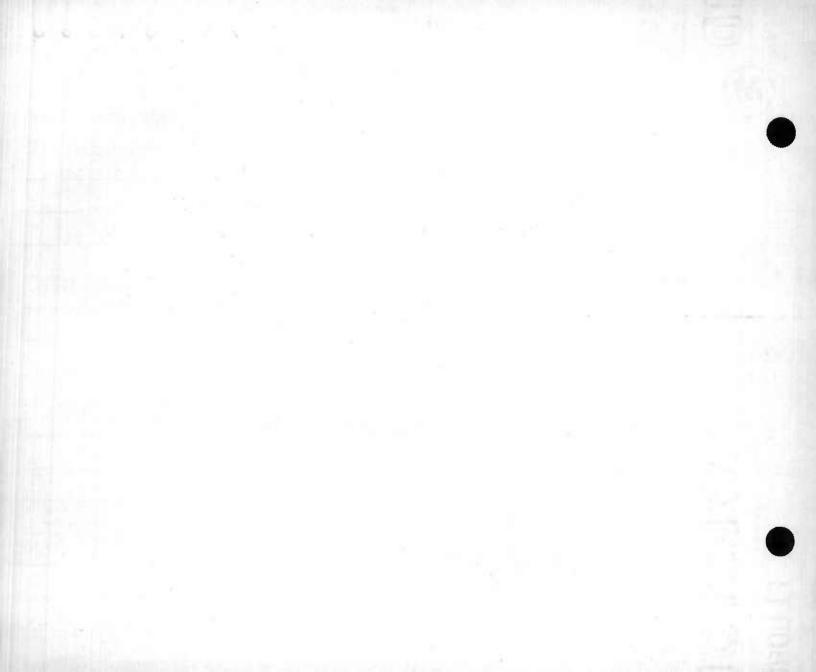
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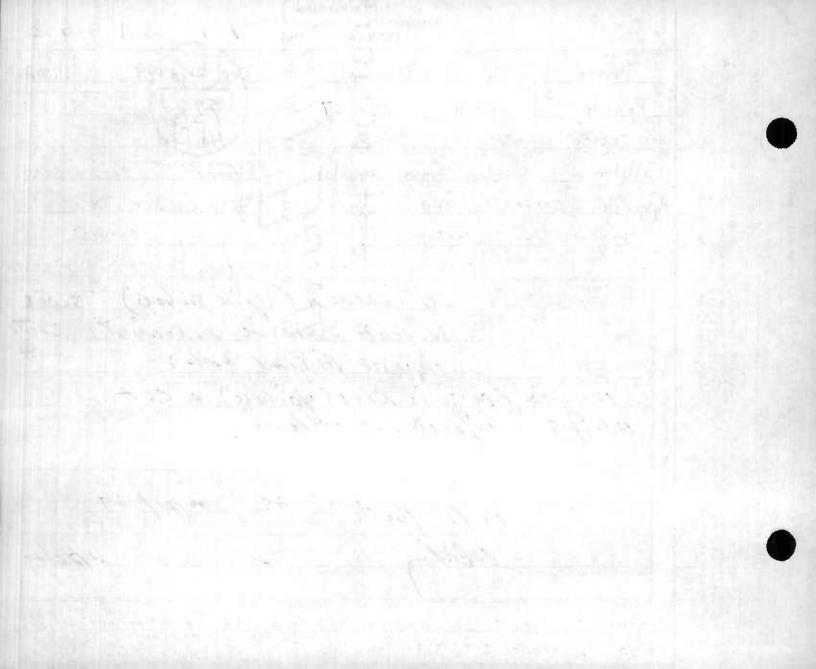
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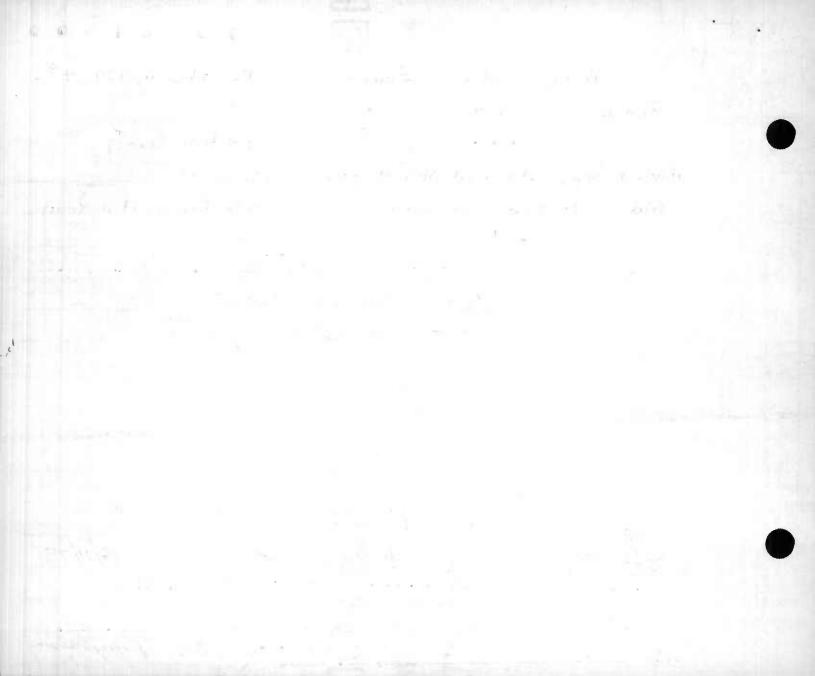
				STAT	E OF MARYLAND						
	1.	FOR STATE	DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 3 1 0 6 0							
	Ľ	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0 1 0	0 0			
		CEASED NAME FIRST	MIDDLE	0	AST	20. DATE OF DEATH MONT		2b. HOUR			
		EARL	WILLIAM	CUL	LUM SR.	/2	2-6-77	м			
	3. SE	(	4 RACE	5 DATE C	DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN			
		M	W	Sepa		61	YRS				
20		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH				
55		Maryland	USA	WIDOWE		HARFORD		MD.			
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		PROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND C	OF BUSINESS OR			
ole	HA	WE OF GRACE		EMORIAL	HOSPITAL	Laborer	gene	iral			
		AL RESIDENCE IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
36		aryland Harb	ord Aberd	een	YES NO DX		is Run Ro	ad			
	14. FA	THER'S NAME FIRST	work.		15. MOTHER'S MAIDEN NA						
121		Harry	Winfield C	ullum	Sarah	T	Thompson	л			
	16a: V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		····			
/	1	NO		7-1907	Mary Cullur	n, Aberdeen,	, Md.				
		18. CAUSE OF DEATH (Enter or	nly one couse per line for (a).	By and ici.	0.0	D	APPROX	MATE INTERVAL ONSET AND DEATH			
		PART I. DEATH WAS CAUSE	TE CAUSE (D)	spria to	y failure	- Ineumou	ic trous	2			
		112119	DUE TO, OR AS A COM	FOLIENICE OF	book	- 0 41.	. 0				
		Conditions, if any, which		asserie	nefarctu	in (4) Henre	sphere				
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	enferice de			/				
		underlying couse lost	(c)		people						
		PART 2 OTHER SIGNIFICANT		TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	ON GIVEN IN PART 14	0 1			
	ν Q										
0	CERTIFICATION	BRE DATE OF OPERATION	196. CONPITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDIN	VGS USED			
9	Ē	11/9/79	Hastre 9	speod.	M Cer Vento	YES NO	YES	NO [			
a	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	214 HOW WTURY DECKE	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)				
-	₹	OR CONTRIBUTING CAUSE OF DE	All I	DAY TEAR							
	MEDICAL	21d. INJURY OCCURRED	21s PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE			
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	PFICE, FARM, ETC.)	STREET	CITORIOWN	COUNTY	STATE			
		220 I certify that (I) (this hosp		rom	7 19 7	10 /2-6	1977	that (I) (we) last			
-		sow the deceased alive or	at) view the body ofter death.	19.77 07	d that in (my) (our) opinion	death accurred on the date of	nd hour and from the	couses stated			
		226 SIGNATURE	1 C 1		DEGREE		22c. DATE	SIGNED			
		Cluves	Hotel h	Maa	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN					
		224 PHYSICIAN'S NAME IT PEC	OR PRINTING	1 110	220 ADDRESS/	1	1.1.1	,			
		CHARLES S	toller w	R 14.0	HAURE	CE (TRA	CF 14d				
	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	Bi	irial I	dc.10.1979	Calvari	y Cemetery	Churchvil.	le-Harko	rd-Md.			
		JNERAL DIRECTOR		**	25e DAT	E REC'D. BY REGISTRAR 25b. F					
7B	Ho	ward K. McCo	mas III, Ab	ingdon	, Md. DE	U 1979	tinkry hal	nearly			
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DHMH-16 20M (VRA 15, 4) 7/7B

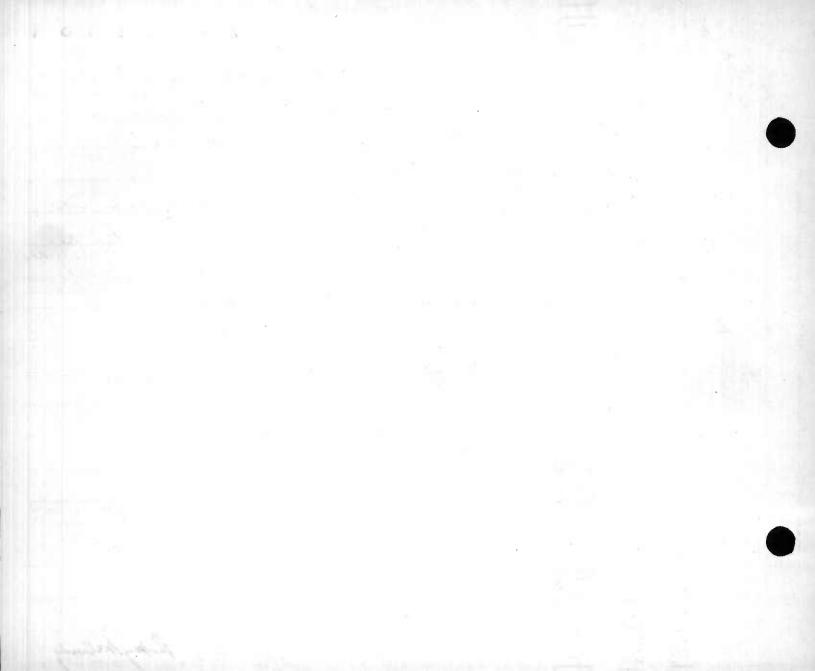
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be 1 and within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.





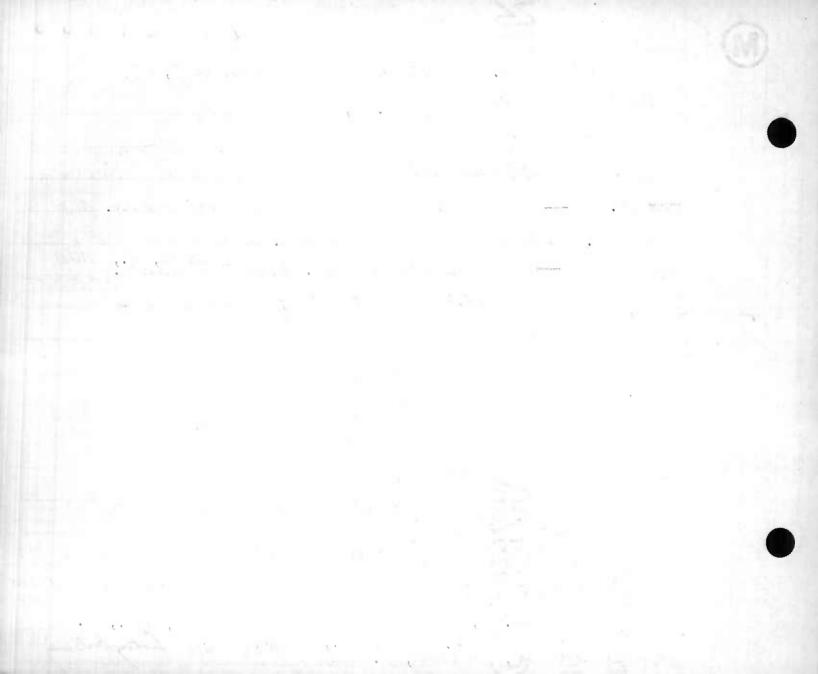


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE L DECEASED NAME 2ª DATE OF DEATH MONTH 2h. HOUR 30 (TYPE OR PRINT) MMA 0 ec 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) SELINDER I VEAR IF UNDER 24 HRS MONTH YEAR OAYS HOURS MONTHS YRS 7a. BIRTHPLACE BALTIMORE OTY OR COUNTY OF DEATH 7h. CITIZEN OF MARRIED NEVER MARRIED COUNTRY WIDOWED TY DIVORCED [] within 12ª USUAL OCCUPATION IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY led þ 4ARTORO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE 136. CAY OR TOWN 13a STREET ADDRESS 13d INSIDE CITY LIMITS? О Neen IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME O MIDDLE Tiplet MIDDLE g ō Ide. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) APPROXIMATE INTERVAL physici 18 CAUSE OF DEATH (Enter only one cause per line for 16), (b), and ich. PART I. DEATH WAS CAUSED BY lun IMMEDIATE CAUSE IO A CONSEQUENCE OF Conditions, of any, which gove rise to immediate cause (a), stating the A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à. ö IN CERTIFYING CAUSES OF DEATH? ě entof Hygiene NOF YES [ NO [ al-fransit 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ā 21d. INJURY OCCURRED 23e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased fram. sow the dereased plive on and that in (my) (our) opinion death accurred on the date and haur and from the couses stated DIRECTO abave, (1) (we) (did) (did not) New the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL STAFF PHYSICIAN T DIRECTOR PHYSICIAN MPORTANT: 224. PHYSICIAN'S NAME ITYPE OR PRIN 22ª ADDRESS the b 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e BURIAL CREMATION REMOVAL 23b. DATE STATE CITY OR TOWN 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RE DHMH-16 20M (VRA 15, 4) 7/78

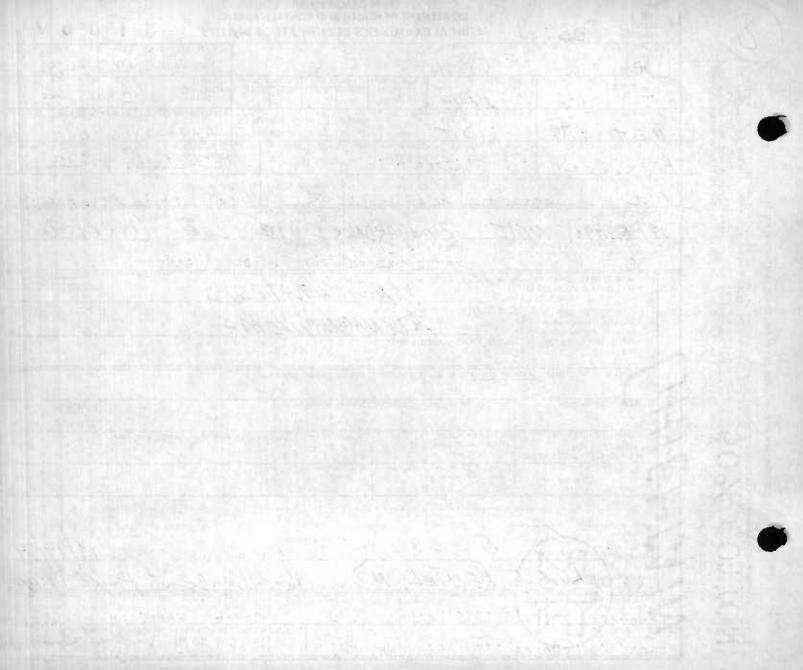


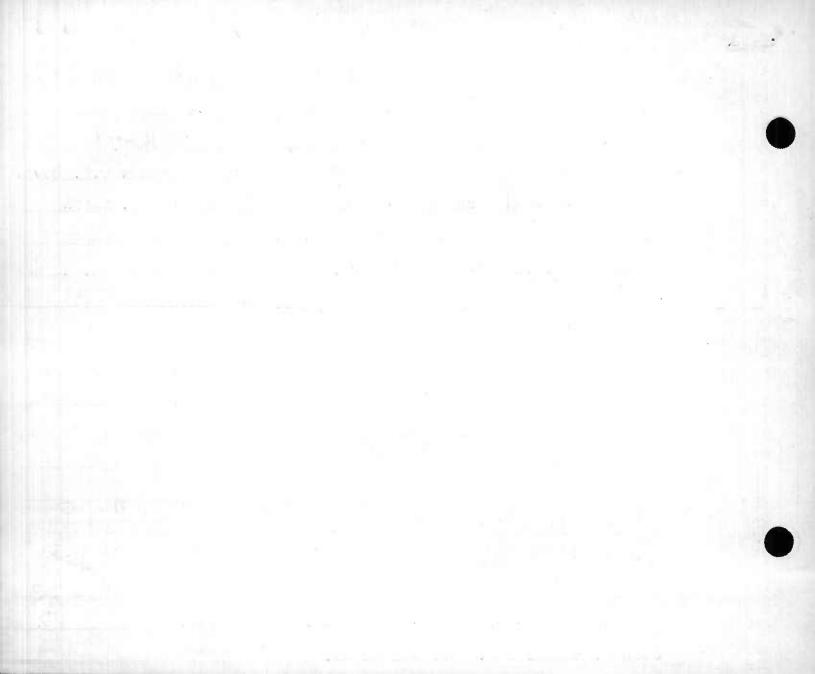
	I. DEC	REGISTRAR CEASED NAMI	E FIRST		EDICAL E			AST	-			REG. NO	MONTH	DAY	YEAR	2 <b>ь</b> . Н
2 K	(TYPE	OR PRINT)	JOHN		T.		I	EILER			OF	ESTI-	11	3	1979	
	3. SEX	ale	4 RACE white	5. DATE OF BIRT	Y YEAR	6. AGE (IN YEAR LAST BIRTHDAY 39 YRS	) MONTH		IF UNDE	R 24 HRS.	20 DATE PRONOUNC DEAD	ED	MONTH	DAY 24.	YEAR 1979	26
ASS OF	BI	RTHPLACE (5' REIGN COUNTRY)  Tyland	11	76. CITIZEN OF	WHAT COUNT	RY?		D NE	VER MAR DIVOR			ord C	_	OUNTY OF DEATH		
SS 301	10. CI	ry or town	OF DEATH	11. NAME OF H		SING HOME,				12a. USU	IAL OCCUPA AOST OF WORKH	TION (TYPE		12b. KIN	ND OF BU	PY
SECOND POULD	13a S1	RESIDENCE Penna.	(IF IN NURSING NOME OF		136. CITY OR TOWN   136. INSIDE (ITY LIMITS?   130. STREET ADDRESS   NO INSIDE (ITY LIMITS?   105 Hollywood Av						d Ave	€.				
9/5/8/	14. FATHER'S NAME  FIRST  Ernest C. Eiler  15. MOTHER'S MAIDEN NAME  FIRST  Anna M. Foster									LAST						
DIVISION OF	1 (YE	AS DECEASEI S. NO, OR UNKNO Yes	DEVER IN U.S. ARM OWN) (IF YES, GIVE V 1958-	NED FORCES? VAR OR DATES) -1962		36 702		Sus	san E	iler	(Wife	ADDRESS ) 62		vgo i	Squar	re
ENE.		PARTIDE	EATH WAS CAUSED	BY; E CAUSE (a)	ine far (a), (b), Ethchlo	rvynol		oxica	tion					BETW	PROXIMATE VEEN ONSET	AND
D MENTAL HYG		gave ris	ns, if any, which se to immediate ) stating the <u>under-</u> use last.	(b)	DR AS A CONS											
ATION, O	NO	PART 2 OTNER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEA	TN BUT NOT RELAT	ED TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN P	ART 1 (a).						
= 3	181	19a. DATE OF	OPERATION	19b. CON	DITION FOR W	HICH OPERA	TION WA	AS PERFOR	MED?						UTOPSY?	N
1 F C	TIFICA															
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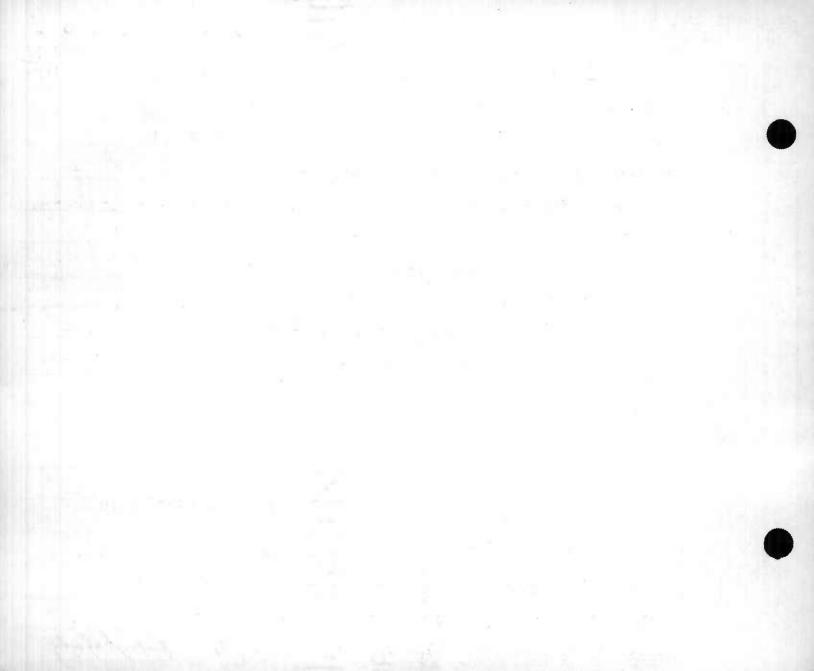


//	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
/ × /	1-	CYAYE	1067
( ( ) )		REGISTRAR DE PLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. No.	1001
	1. DI	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 25. HOUR
14 H 2 H		Delonia Ingo Fox DEATH MATED []	12 191979 M
EAS GOR FILE HOURS IRRET	3 SE	A RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 28 HOUR
N STR		F DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	2 19 29
CESSARY CESSARY FOR YOUTHIN 7	7a. E	BIRTHPLACE (STATE OR 17) CITIZEN OF WHAT COUNTRY?	COUNTY OF DEATH
NECESSARY FUNERAL PI 5 FOR YOU W. PRESTON	F	MARRIED   NEVER MARRIED	2
A D W S	10 0	WIDOWED DIVORCED HARFORT	WORK 126. KIND OF BUSINESS
A GE E	1	A THE MOTING SHOW EACH ITY COVE STREET ADDRESS	OR INDUSTRY
DELAY IS NE TO THE FUL V PAGE 5 I BE FILED, W.	14		r Bendix
80508		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 136. CITY OR TOWN 138. INSIDE (ITY LIMITS? 138. SIRRET ADDRESS	
21201 E ANY 2, AND 3. RETA SHOUL I RECO	1/	Md Harford ABERDERN YESK NOD 4439 Phila	-delahia Rd
H. I.	14. F	FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
RE, MD, CGES 1, CGES 1, AND 2 OF VITAL	/	A BOSHAM NIMT BUMORPHURE - OIE LEE	APPICA
MORE PAGE PAGE PAGE PAGE PAGE	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?   ION SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	MAKEO
F F F F F F F F F F F F F F F F F F F	- (	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) $[6276-70-974]$	11.3
ON ST., BALTIMORE, 24 HOURS AFTER DE ITEM 18. GVE PAGE. ICONG WITH FORM PERMIT. PAGES 1 AN GIENE, DIVISION OE	-	Many and and a south to the the section of	
. 20		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST. V 24 HC V ITEM 1 ALONG T PERMIT YGIENE, AL.	18	IMMEDIATE CAUSE (a) CARCINATIVATION S	
PRESTON VITHIN 24 CIL IN TEA NER ALON NER ALON ANNIT PER ACOVAL.		DUE TO, OR AS A CONSEQUENCE OF	
W. PREST		Canditions, if any, which gave rise to immediate (b) ADENISCARTINOMA	
W. W		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
301 W. PRES CUTED WITH IN PENCIL II I EXAMINER IRAL-IRANS ID MENTAL II		lying cause last.	
m [] = . E [] .		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXECUTING THE WORD "PENDING" ROBED TO THE CHIEF MEDICALE 3 SHOULD BE USED AS A BUE DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	z		
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SHOUNDSP OF H	1 3	19. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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N DIA OT A STANDARD TO STANDAR	MEDICAL	CONTRIBUTING OK CONTRIBUTING CAUSE OF DEATH P.M. 19	
AS SERVICE SER	E E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION	
DIVIS  TIS CER WRITING ARDED GE 3 S VIE DEP	E	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
STA PA	10		
INER: ICATE TOR: THE	13	220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and i	n my apinian
4 1 6 UT 4	100	death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ,	
EXAM CERTION OF BOIRE		TITLE (SPECIFY)	1/2/2
CAL EXA THE CER SHOULD RAL DIRI		SIGNATURE CLEES C SELECT M.D. DEPUTY MEDICAL EXAMINER	DATE SIGNED 21/9/79
SEA		11: 0-1-1 11	11 1-1-1
ME CAR	200	TYPE OR PRINT) E, KENNEL, M.D. ADDRESS 464 All ANDEST.	HAVRE DECOM
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH	23a, F	BURIAL CREMATION REMOVAL 12th DATE 12th NAME OF CEMETERY OR CREMATORY 12th LOCATION	W. W. ALLEY LE
	(	- 01- 10 1070 11-1-1-1 1	COUNTY STATE
BP	24 F	TWO COLOR	SON W. Va.
DHMH - 17 (VR A15 ME (5))		NAME ADDRESS DEC 2 1 1070	intry Ma Cready
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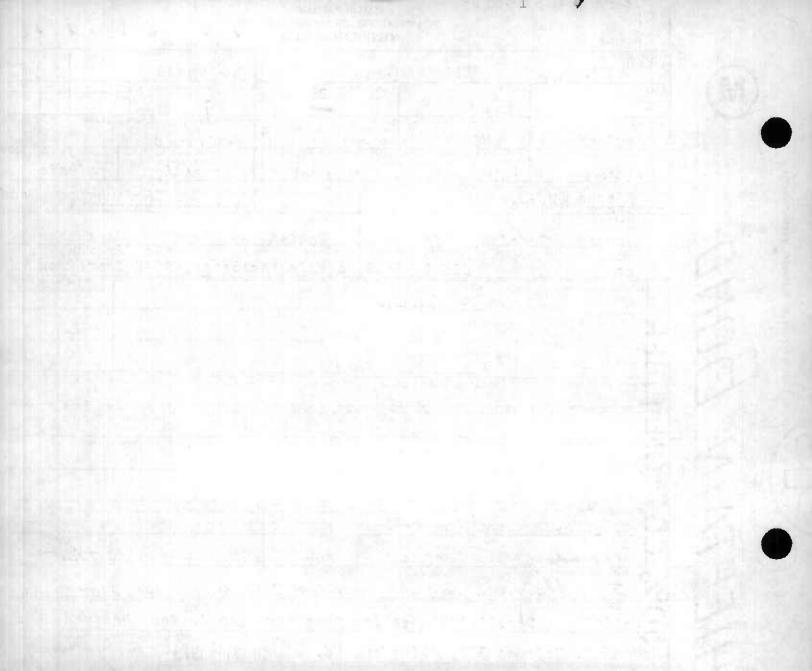




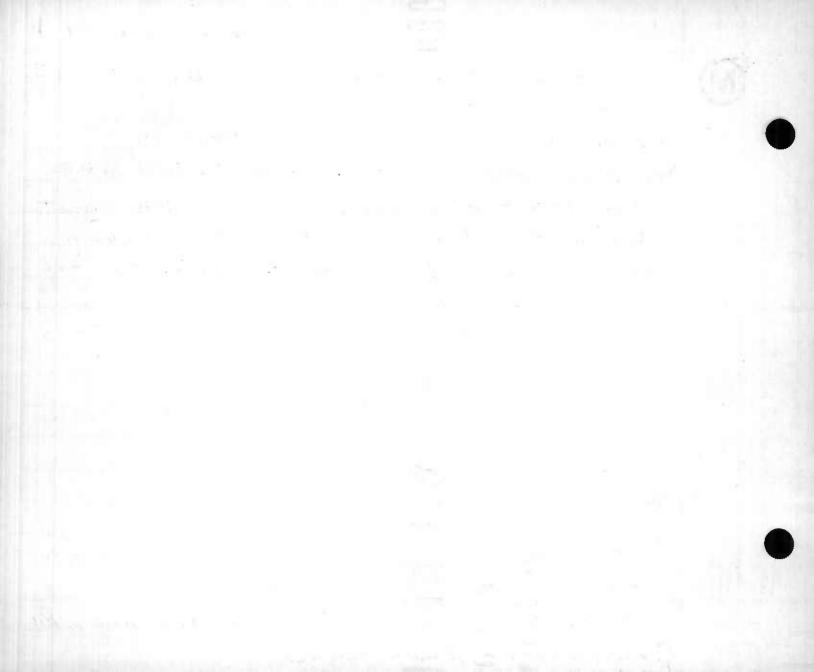
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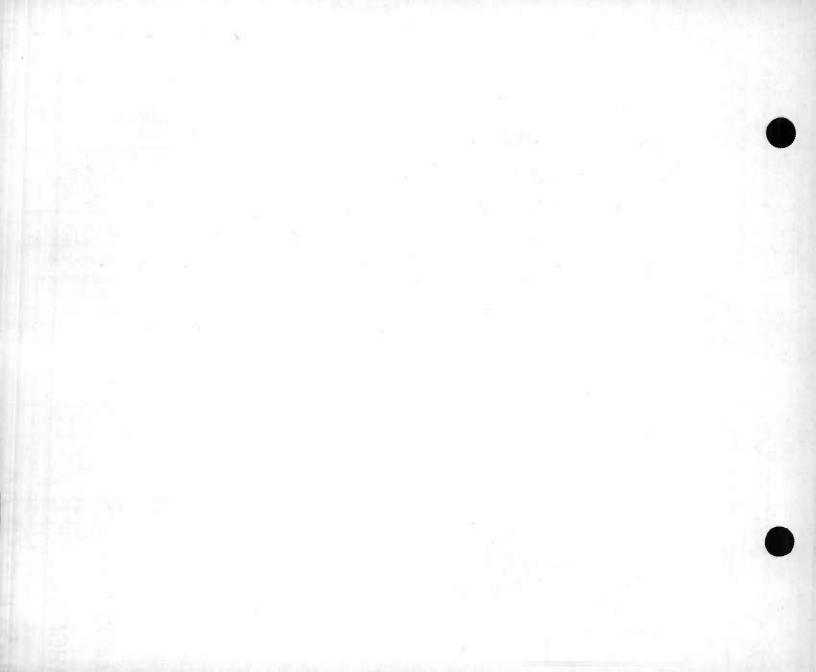
	1		Item 5 \$541 3/	/£2/80 gj	STAT	E OF MARYLAND				
			FOR STATE REGISTRAR		CERTII	EALTH AND MENTAL HY	REG. N		0 7	0
~			CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 21	h HOUR
(BA)			-lorence	BELL	GRA	1	Dec 1,19	19		2:12 PM
(IV)		3. SEX		Black	5 DATE (		6. AGE   IN YEARS LAST BIR	MOM.		HOURS MIN.
		70. BI	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COU	VIRY? B	20	9 BALTIMORE CITY C	P COUNTY OF	EDEATH	
neral n 72	35	CC	aryland	USA	MARRIE	D NEVER MARRIED X	11.0	d		MD
ofter d y the fu ed within	81		allston	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF DOMEST	F WORKING LIFE)	12b. KIND OF E INDUSTRY	BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	3.5	130 S	AL RESIDENCE (IF NURSING HOME OR TATE Joppa 136 COUNTY HATS	other institution give residence NTY 13c. CITY Of ord Md	RTOWN	13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N	13e STREET ADDRESS	126 Do	mbutau	
MAR led wi	120			dolph Gray		Martha	Jane	P	nosho)	hhu
- 0			AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO	17 INFORMANT	ADDRI	Darli	resber,	.Md.
. P. e.		()	ES, NO OR UNKNOWN) {IF YES, GIVE	2 1 5 - 1	8-3629	Estella Pr		2245 C	asteli	ton Rd
201 W. PRESTON ST., BALT es that the death certificate to ned by the attending physicia please remove corban papers urial, cremation, ar removal. can other traumatic event the			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	D BY:	ys to le	10 m			BETWEEN ONS	TE INTERVAL SET AND DEATH
			couse (0), stating the underlying couse last  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON		VA NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	6 de	gys
DIVISION OF VITAL RECORDS, SUPPLIED TO PHYSICIAN: The low require of the office has been sign on the buriel-fronsit permit. Then the and Amental Hygiene prior to burked or flem 18 shows on injury, orked or flem 18 shows on injury.	0	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING	
AL The cron. e ho sit per sit per how	1	RTIF					YES NO	YES [		NO R
NOF VITA SICIAN: T ag physicit certificate mial-transi	2		2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	LY IN ITEM 18, PART	1 OR PART 2)	
DIVISION DING PHYS or attendin After this c e as the bur alth and Me		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
TITENDIN pital or TTOR: Affor use of of Health			220.1 certify that (1) (this hospit sow the deceased alive an abave, (1)(we) (3) (did no	- A		nd that in (my) (our) apinion	death accurred on the d	19. ote and hour a		ot () (we) last uses stated
OR A PORECT OR A PORECT OF THE			226. SIGNATURE	-1		DEGREE			22c. DATE SIC	
O			Hadane	89/10	111	MA PHYSICIAN	MEDICAL STA		7 Are	79
HOS bined 5 FUN auld b	1		22d PHYSICIAN'S NAME (TYPE OF	PRINT)		FGH, JC	ro Milion	Ave :	21047	
Sh 75		23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY .	STATE.
BP		- "		ec.11,1979	Berkle	y Cemetery	Parlingt		irford	
DHMH - 16 50M 1/76 (VR A 15 (4))			ineral director	mas III Al	ps, nodon		TE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUR	Greedy



6	1	STATE OF MARYLAND  FOR STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.
M	I. DE	SAMUEL HENRY GRIMSEY  A RACE  A RACE  White The A CONTROL OF DEATH MONTH DAY YEAR 26 HOURS A CONTROL OF DEATH MONTH DAY YEAR 26 HOURS A MONTH DAY YEAR 15 HOURS A MONTH DAY YEAR 15 UNDER 26 A GE (IN YEARS LAST BIRTHOAY)  White The A CONTROL OF DEATH MONTH DAY YEAR 15 UNDER 26 A GE (IN YEARS LAST BIRTHOAY)  WHITE THE A CONTROL OF DEATH MONTH DAY YEAR 15 UNDER 26 A GE (IN YEARS LAST BIRTHOAY)  WHITE THE A CONTROL OF DEATH MONTH DAY YEAR 15 UNDER 26 A GE (IN YEARS LAST BIRTHOAY)  WHITE THE A CONTROL OF DEATH MONTH DAY YEAR 15 UNDER 26 A GE (IN YEARS LAST BIRTHOAY)  WHITE THE A CONTROL OF DEATH MONTH DAY YEAR 15 HOURS A MONTH DAY YEAR 15 HOURS AND YEAR
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in by the leftled with the hold with the hol	HA	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  AVAILABLE HARROR DE STREET ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS)  130 COUNTY  131 CITY OR TOWN  134 INSIDE CITY LIMITS  135 COUNTY  136 CITY OR TOWN  137 CITY OR TOWN  137 CITY OR TOWN  138 CITY OR TOWN  138 CITY OR TOWN  139 CITY OR TOWN  130 CITY OR TOWN  130 CITY OR TOWN  130 CITY OR TOWN  131 CITY OR TOWN  131 CITY OR TOWN  131 CITY OR TOWN  132 CITY OR TOWN  133 CITY OR TOWN  134 CITY OR TOWN  135 CITY OR TOWN  136 CITY OR TOWN  137 CITY OR TOWN  137 CITY OR TOWN  138 CITY OR TOWN  139 CITY OR TOWN  130 CITY OR TOWN  130 CITY OR TOWN  130 CITY OR TOWN  131 CITY OR TOWN  132 CITY OR TOWN  133 CITY OR TOWN  134 CITY OR TOWN  135 CITY OR TOWN  137 CITY OR TOWN  137 CITY OR TOWN  138 CITY OR TO
within 24 h		Md. HARFORD HAVRE de Mans YES D NO 3215, WAShington ST  ATHER'S NAME  IS MOTHER'S MAIDEN NAME  MIDDLE
n and complet	16a_\	WILLIAM R GRIMSEY ETHEL - QRUMIN WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. 17 INFORMANT, ADDRESS YES W.W. II 221-05-7142 MRS, QORIS MIGRIMSEY SAME
equires that the death certificate be signed by the attending physicial Then please remove carbon papers to buriol, cremotion, or removal.	Z	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause last  Underlying cause last  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10:
ow remit prior	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
S PHYSICIA strending ph er this certifi the burial-th and Mental	MEDICAL C	21a ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (#FEITHER, NOTIFY MEDICAL EXAMINER)   21a MONTH DAY YEAR   19   21d INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)   21d INJURY OCCURRED   P.M. 19   211 LOCATION
ATTEN hospital RECTOR. red for us pt of He		270. I certify that (1) (this hospital) attended the deceased from 12-20, 19-79, that (1) (we) sow the deceased alive on 12-26, 19-79, and that in (my) (our) apinion death occurred on the date and have and from the couses stated above, (1) (we) (did) (did not) view the body after death.  270. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/26/74
TO HOSPITAL Cretoined by the TO FUNERAL DII should be detoch with the Stote De IMPORTANT: ##	230 5	22d PHYSICIAN'S NAME (TYPE OF PRINT)  A W GRIGOLE IT  BURIAL, CREMATION, REMOVAL 236, DATE  226 ADDRESS  HAN RE 4/2 Groze MAY 21078  236 NAME OF CEMETERY OF CREMATORY 23d LOCATION
BP	(	BURIAL 12-29-79 ANGEL HILL ISIN TOWN COUNTY STREET BURIAL 12-29-79 ANGEL HILL ISIN TAYREDEGACE HARFORD STAR UNITED TO DESTREE TO DESTREET STAR SIGNATURE TO DESTREET SIGNATURE TO DESTREET STAR SIGNATURE ST



	1 -	STATE REGISTRAR		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	3 1 0 7 2
oge 3 death		CEASED NAME BABY	Boy Gro.	sweiler	20 DATE OF DEATH MONTH	-27-79 6:00 M
rector, p	3 SE	MALIZ	WHITE	DATE OF BIRTH  MONTH DAY YEAR  12 - 27 - 79	6 AGE (IN YEARS LAST BIRTHDAY) YR:	FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
of once.	-	RTHPLACE ISTATE OR FOREIGN OUNTRY) MARYLAND	UNITEDSIATES	MARRIED NEVER MARRIED X	HARFORD	ITY OF DEATH MD.
by the filled with	PA	ITY OR TOWN OF DEATH	ARFORD EMOK	JAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
hould be	130		ITY IS CITY OR TOWN	RACE YES X NO [		ario St.
ompletely 1 and 2 s		HANS GEOR	MODILE PLLKL	SOYCE	ANN	ALLISON
on and co			MED FORCES? 166 SOCIAL SECURITY NONE	HANS PURL	SAN JOSE, C	
g physical anpaper emoval.		PART I. DEATH WAS CAUSE	ly one couse per line for (a) (b), and (c) DBY: (E CAUSE (a)	naturt		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attending ase remove carb st, cremation, ar r r ather traumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)	undalas	mi Then the	like intermetter
n signed Then ple r to buric injury, o	NO O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	GIVEN IN PART 1101
ion. It permit in permit i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ig physic certificate rial-trans ental Hyg them 18 sh		2)0. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	The same of the sa		RED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
ottendir fter this as the bu th and M in and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A for use of Healing		sow the deceased alive on above, (1) (we) (did) (did pp	tol) oftended the deceased from 19		death occurred on the date and h	tour and from the causes stated
y the hor RAL DIRE detached tote Dept tote Dept		22b. SIGNATURE	John V		MEDICAL STAFF DIRECTOR PHYSICIAN	274. DATE SIGNED
etoined by TO FUNER, should be with the Ste		FREDERICK	HATEM		RACE, Md.	
BP	Ľ	BURIAL CREMATION, REMOVAL BURIAL	D 20	E OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN HAVRE DEGRA	
DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIREGOR NAME VENNING	at In Hourd	Grace, Ma, 250 DATI	E REC'D. BY REGISTRAP 256 REG	ISTRAP'S SIGNATURE Bready

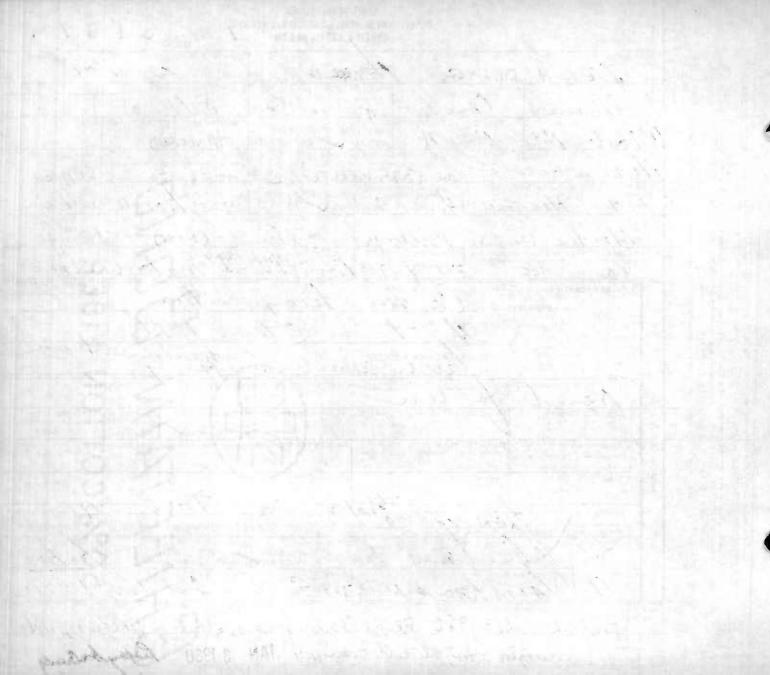


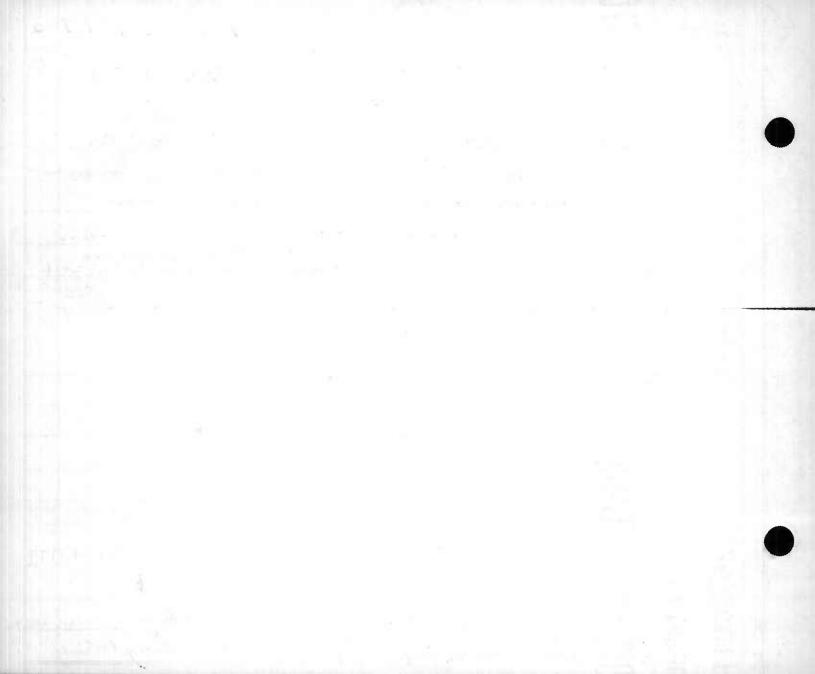
2				STATE OF MARYLAND	
D		1-	OR TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	073
			EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH AREG.	0 / 0
	9630V		EASED NAME PIRST OR PRINT)	MIDDLE  10. DATE KNOWN MONTH OF ESTI- DEATH MATED	YEAR 25. HOUR
	(141)	3 SE	4. RACE S DATE O	DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 78 HOUR
	\$ 3 0 0 E	7a B	THPLACE (STATE OR 7b. CITIZE)	N OF WHAT COUNTRY?  A RAITIMORE CITY OF COUNT	Y OF DEATH
	S NECESS FOR S FOR WITHIN W. PREST	FC	EIGN COUNTRY)	SA WIDOWED DIVORCED	MA CO. MD.
	AV IS PREE 331	1:	allston A	NSUCH FACILITY, GIVE STACET ADDRESS) LISTON GENERAL HOSP, Carpenter	2b. KIND OF BUSINESS OR INDUSTRY
21201	FECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL 3" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TG AL EXAMINER ALONG WITH FORM PM, 3, RETAIN F BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE MIND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, DN, OR REMOVAL.	USU.	RESIDENCE (IF IN NUISING HOME OR OTHER INSTITUTE ATE Baltimo	13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESSO	eder Ave.
MD.	M 3,	14. F.	HER'S NAME FIRST MIDDLE	LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
RE, A	DEATH MA PM AND 2		Warren P	Gutherie Maggie	Crabtree
BALTIMORE,	S AFTER SIVE PA TH FOR TH FOR ISION		AS DECEASED EVER IN U.S. ARMED FORCE , NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES		coeder Ave.
ST., B.	HOURS A 18. G AG WIT MIT. PA		REPORT OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:	per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	XECUTED WITHIN 24 HC G" IN PENCIL IN ITEM 1 CAL EXAMINER ALONG BURIAL TRANSIT PERMI AND MENTAL HYGIENE ON, OR REMOVAL.	15	4414 A IMMEDIATE CAUSE (C	TO, OR AS A CONSEQUENCE OF	
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3	TRA ENTA REM		gave rise to immediate (b) couse (a) stating the <u>under-</u>	TO, OR AS A CONSEQUENCE OF	The control of
301	EXECUTED NG" IN PEI ICAL EXAM A BURIAL-1 A AND MEN ION, OR R		lying cause lost.		
DIVISION OF VITAL RECORDS,	BE E) JDING VEDIC AS A LITH AATIC	NO	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
I RE	SHOULD ORD "PEN CHIEF N SE USED OF T OF HEA	CERTIFICATION	196. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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	FOR P		22a. I certify that I toak charge of the rem	noins described abave, held an Autopsy , Inspection Inquiry and in my api	inian
-	EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: WITH THE S ARYLAND, 2		death resulted from . Natural causes (	Accident , Suicide , Hamicide Undetermined manner ,	1 40
	EXA CER CER DULD DIR H, WI MARN		ACTUAL VANAM	Marco THE (SPECIFY)	12/15/1
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	SIGNATURE VVIVI	M.D. MEDICAL EXAMINER SIGNED	HOTY A VINA
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:		TYPE OR PRINT)	ADDRESS 2404AMPDSANIVIR KO	SNEDWINA
	BP FTI BACT		RIAL CREMATION, REMOVAL 236. DATE 12-1	7-79 FORT HILL MEM. PK EM 236 LOCATION COUNTY OF THE MEM PK EM	TY UA STATE
	DHMH - 17		NERAL DIRECTOR	254 DATE REC'D. BY MEGISTRAR 255 REGISTRARS VI	Continuely
	(VR A15 ME (5)) 15M 7/77	1	155 AHN FUN'L HOMI	ADDRESS 7401 BELAIR RD. DEC19 1919	/

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 25 HOUR 0 (TYPE OR PRINT poge 3 0 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAY BIRTHPLACE TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED -DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

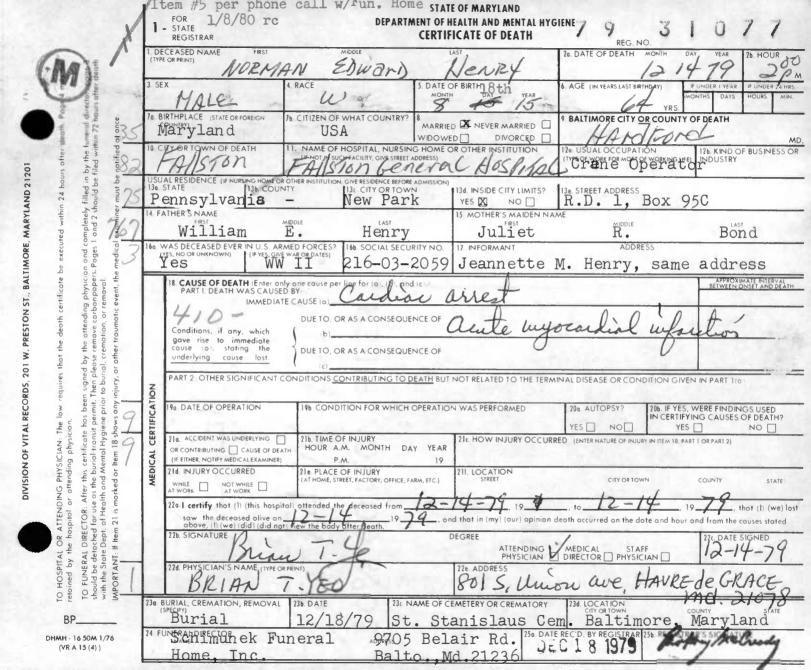
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130. CATY OR TOWN VARTIORS WIE DE GRAGE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 900 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling forto), (b), and PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF luss Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OF underlying couse PART 2: QTHERAIGNIFICANT/CONDITION TO DEATH BUT NOT RELATED TO THE TERMINAL WITION GIVEN IN PART Tro DIVISION OF VITAL RECORDS, CERTIFICATION He DATE OF OPERATION **CONDITION FOR WHICH OPERATION WAS PERFORMED** 78s: AUTOPSY7 10h IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? NO T YES [ Hygi THE ACCIDENT WAS UNDERLYING THE HOW INJURY OCCURRED (INTERNATURE OF HARRY INVITAGE, PART 1 GREART 2) 21h TIME OF INJURY 00 HOUR A.M. MONTH OR CONTRIBUTING | CAUSE OF BEATH io i MEDICAL OF BITHER, NOTHY MESICAL EXAMINER P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY TIL LOCATION CITY OF TOWN COLINITY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE [ AT WICHE 17s.1 certify that (1) (this hospital attended the deceased from that (f) (we) last saw the deceded alive by the body attached books (I) (we) and (did for view the body attached) nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated should be detached with the State Dept. 27k SIGNATURE DEGREE ATTENDING. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRES 0 23a BURIAL, CREMATION, REMOVAL 236 DATE COUNTY BY REGISTRAR 25b. REGISTRAR'S SIGNATURE M. FUNERALD DHMH-16 60M 1/73 (VR A 15 (4))





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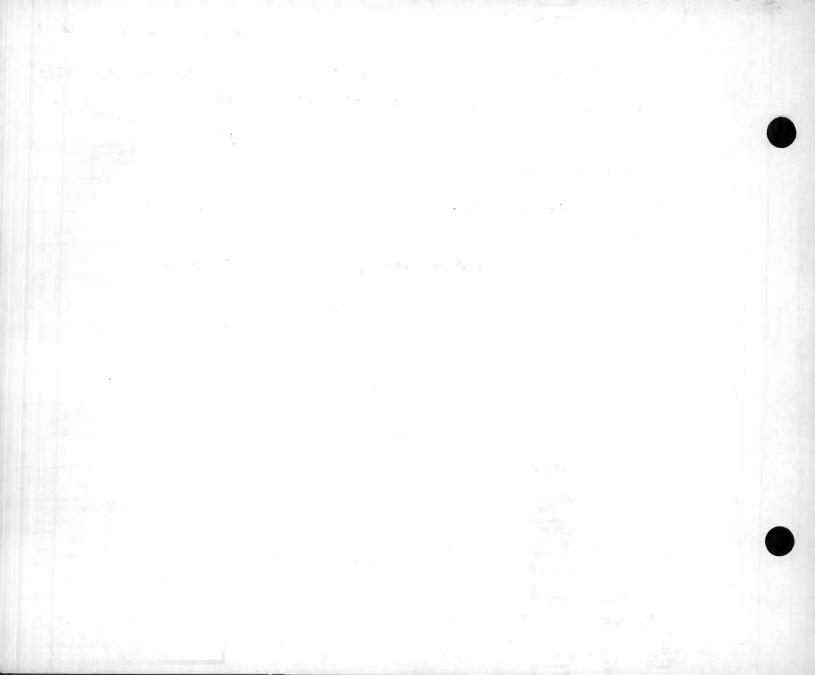
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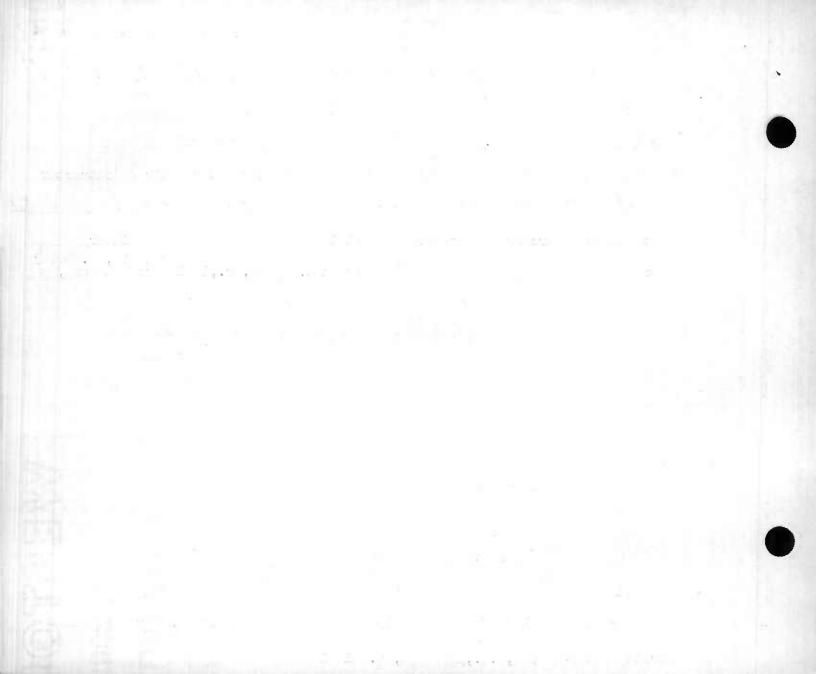
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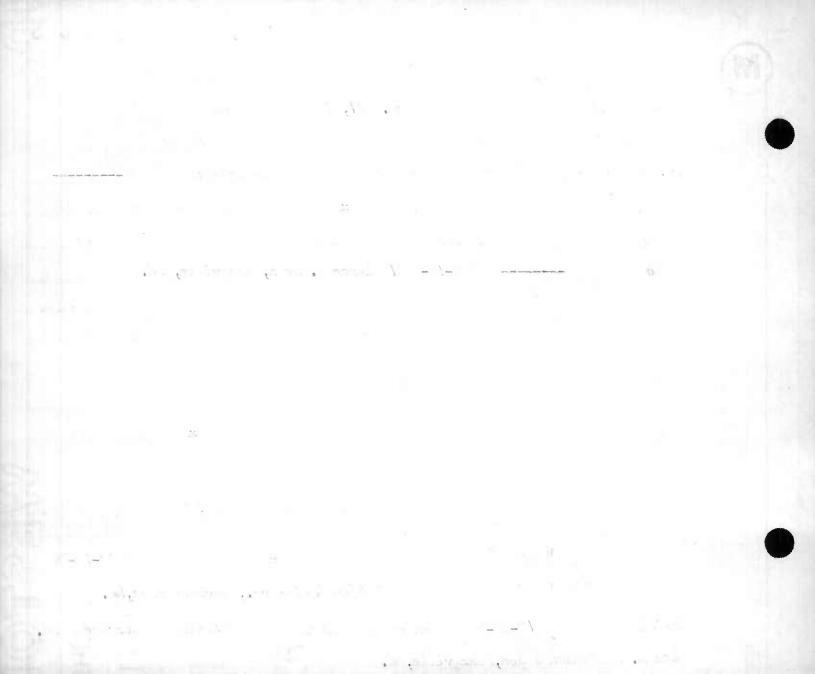
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN 2b. HOUR EDNA HOLLAND (TYPE OR PRINT) OF ESTI-10 79 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR 20. DATE ARY, PI FUNERAL DIRECT S FOR YOUR LAST BIRTHDAY PRONOUNCED 79 86 YR 1893 PRESTON Jan DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Penna. WIDOWED X DIVORCED FILED, V IG CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS LAY IS O THE PAGE FOR MOST OF WORKING LIFE) OR INDUSTRY RETAIN PA SHOULD BE USUAL RESIDENCE IOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Havre deGrace YES NO [ AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE LAST MIDGLE LAST Edward Sweeney Mary Doughert FORM 16b. SOCIAL SECURITY NO 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION AGES TYPE NO OR LINKNOWN LIF YES GIVE WAR OR DATES no 90-12-1631 Mildred Brumfield (cousin) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEART DIVERSE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ASCVD. Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e. CERTIFICATION USED 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL NO . 3 SHOULD DEPARTMENT (PRIOR TO BURI) 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causes death resulted fram: Hamicide Undetermined manner 12-31-79 EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTMORE, MA 464 alliance ST. EXAMINER'S NAME 23d. LOCATION COUNTY STATE 80 York Prospect Hill Penna. BP. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRARIS SIGNATUR Funeral 4009705 Belair Rd. **DHMH-17** (VR A15 ME (5)) Balto. Md. 21236 Home. Inc. 15M 7/77

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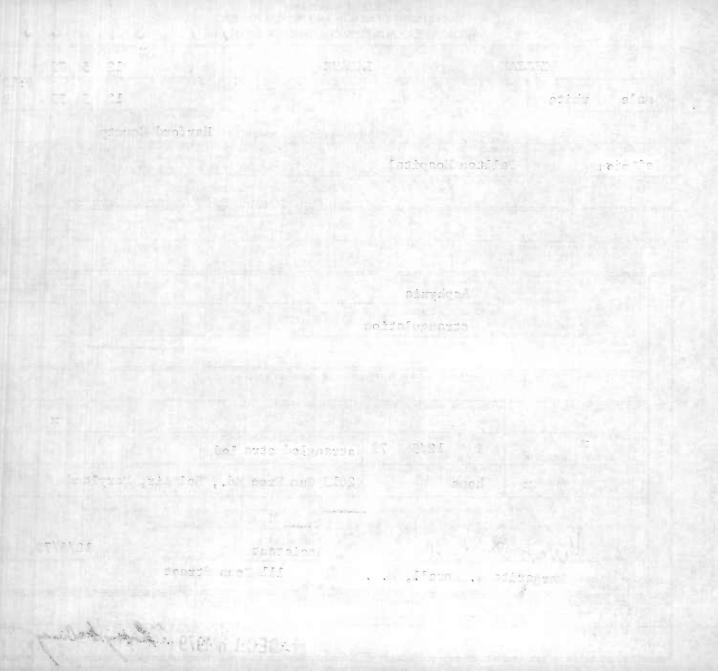




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	3. SE	×	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST			IF UNDER 24 HRS
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DHMH-16 20M	-	MERAL DIRECTOR	TAOS- N. J	The Carlo	250 DA1	E RECO. BY ROCKSTRA	R 256 REGISTRA	r'S SIGNATU	RE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 4 RACE 1 SEX AGE LINYEARS LAST BIRTHDAY DAY5 HOURS Male 1898 White July To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Louisiana WIDOWED T DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LithograpHer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland 4218 Stanwood Ave. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE John Kohlman Reilly Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRE 915 Bernadette Dri Yes NOOR UNKNOWN Walter D. Kohlman, Forest Hill. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? M CERTIFYING CAUSES OF DEATH? pe Item 18 shows NO YES [ NO F and Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death 22b 51Gbl 411 DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 4 should be detoo MPORTANT 22e ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE Burial Most Holy Redeemer Baltimore, Maryland Schiffignek Funeral ADDR 3331 Brehms Lan 250 DHMH - 16 50M 1/76 (VR A 15 (4)) Home, Inc. Baltimore Md. 2121BF



Wood 2520 Gladstone Court LAST **ADDRESS** Bel Air, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (my) (au) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN BIARE (SPECIFY) Cremation Westview Crematory Baltimore Md. 24. FUNERAL DIRECTOR McComas III. Abingdon, Md. Howard K.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1979

IF UNDER I YEAR

INDUSTRY

DAYS

IF UNDER 24 HRS

HOURS

126. KIND OF BUSINESS OR

20. DATE OF DEATH MONTH

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DHMH - 16 50M 7/77 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

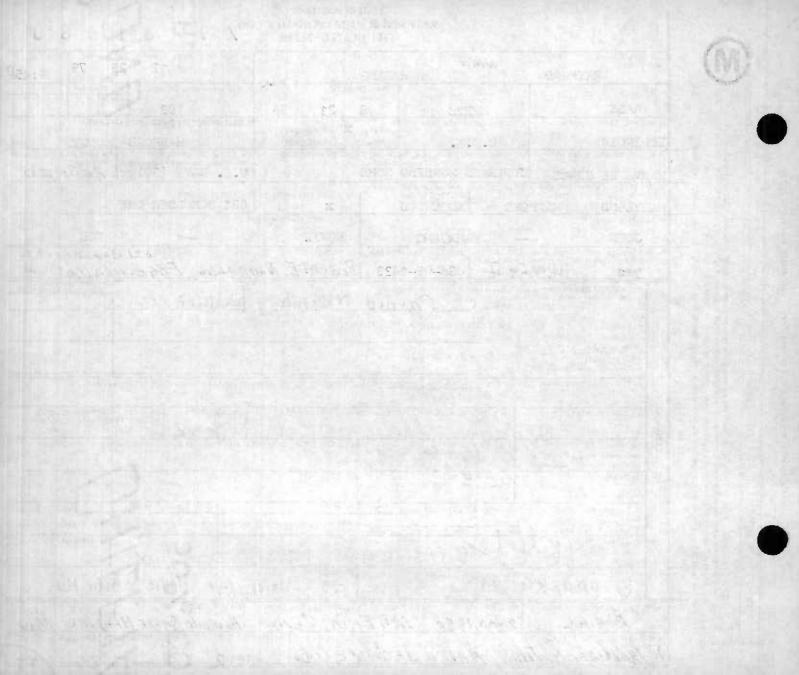
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO YEAR 2h. HOUR 29 9:456 IF UNDER 24 HRS. IF UNDER 1 YEAR MONTH5 OAYS **HOURS BALTIMORE CITY OR COUNTY OF DEATH** HARFORD COUNTY 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (30)yr RETIRED 621 BOXELDER DRIVE MOE 621 Booklelew RD GENOGO MO 21046 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

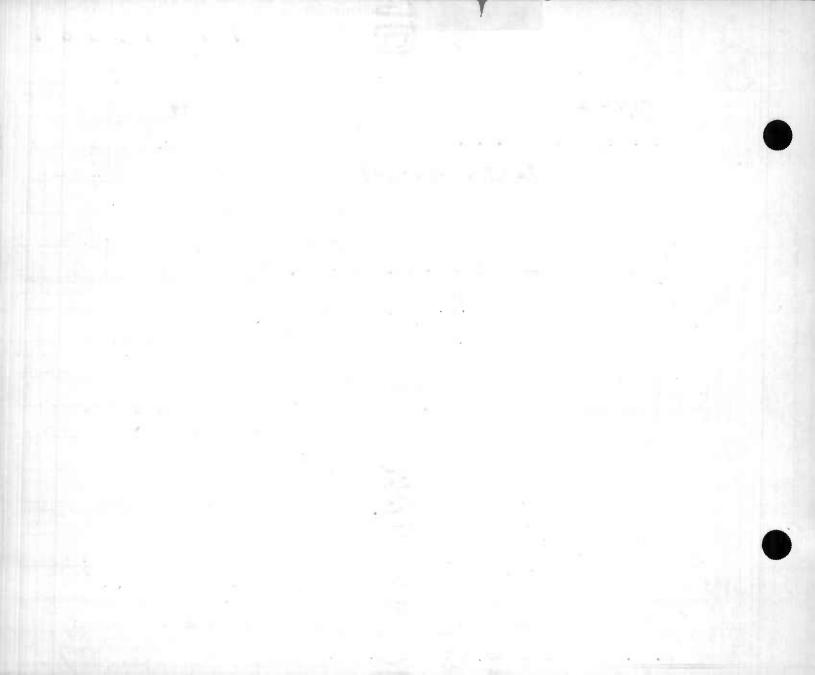
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24. FUNERAL DIRECTOR ADDRESS 250, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

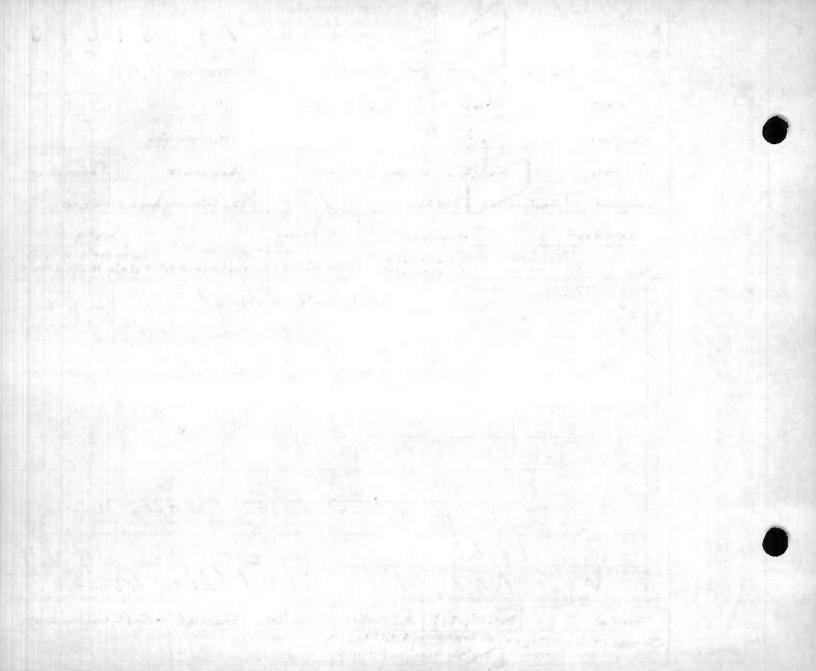


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					STATE OF MARYLAND				
		1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE		1 0	0 0
		П.	REGISTRAR	Annette	CERTIFICATE OF DEATH	REG. N	5	U	0 7
1.		1. DE	CEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2h	HOLIR
1		{TYPE	ORPRINT! HELE	A A	NixON		17 7	79	HOUR
		2.05				`	12		10 1 M
	7.0	3. SE		1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE IN YEARS LAST BIR	MON MON		UNDER 24 HRS
			FEMA/E	Cane	3 / 35	7	4 YRS.		
.00	01		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
-	05	2 2	est Virginia	U.S.A.	WIDOWED DIVORCED	F 1/3/4 1	(more		MD
	82	10 C	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12e USUAL OCCUPAT		126. KIND OF 8	
	1	F	allston	FALLSTON GE	ALIS DA	Clerk	# WORKING LIFE)	Plas	ties
)		USU	AL RESIDENCE   IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)				
	25	13a. :	STATE MA 136 COU	VI 03/21		13. STREET ADDRESS	QJ. +	12:11.8	
-	1	14 F	THER'S NAME	1134AE113	15. MOTHER'S MAIDEN N	300	Danon	0/1341	
	122		FIRST	MIDDLE	FIRST	WIDDLE		LAS1	
	46		Andrew	Shop				Brow	n
Dedico			VAS DECEASED EVER IN U.S. AR	E WAR OF DATES]		ADDR	ESS		
			No -	21.3-34-	2720 Harry C. 1	Vixon sa	me as	above	
			IS CAUSE OF DEATH (Enter or	nly one couse per line to (101, 161,	ond/cis/			APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
			PART I. DEATH WAS CAUSE	TE CAUSE (0)	istatic larcinon	2			77
			1991 MINEUIN						
7			Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF				
			gave rise to immediate	(b)					
			cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	UENCE OF				
				(c)					
		z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
		CERTIFICATION	19a DATE OF OPERATION	IN CONDITION CORNAIN	C. ODER THOU IN COURT OF THE CO	1	Tank is was in	EDE EN IDA I G	
-	0	2	178 DATE OF OPERATION	148 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS	
	04	RTH				YES NO	YES [		NO 🗆
	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I	1 Of PAR1 2)	
	1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19				
		MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR TO	a/M	COUNTY	STATE
	- 1	Σ	WHILE AT WORK AT WORK	(AT HOME, STREET, PACTORY, OFFIC	E, PARM, EIC.)	CHIOKIO	****	COOITI	STATE
			220   certify that (1) (this haspi	ital) attended the deceased from	secompar 10 M	to Dec	19	79 tho	t (1) (we) lost
			sow the deceased alive an	10ec 7	and that in (my) (our) opinion	n death accurred an the d	ate and hour ar		- Company
			22b. SIGNATURE	ot) view the bada after death.	DEGREE			224. DATE BIG	NEÓ -
	į.		111.1100 1	N. Imm	MAN ATTENDING	MEDICAL STA	FF	115/	7/76
	_		VIMOVW	( Vinno	PHYSICIAN	DIRECTOR   PHYSIC	IAN 🗌	101	11 ( )
	. ,		724 PHYSICIAN'S NAME LIVE O	n.	270 ADDRESS	I ld lit	1/1- NI	11 7 101	10
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		23a 1	URIAL, CREMATION, REMOVAL	, ,	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	col	UNTY	STATE
		(	Fremation	12/11/79	Green Mount	Baltimor	e, Mar	yland	
OA	ا ا	24 FI	INERAL DIRECTOR	ADDRESS	21084 250 DA	TE REC'D. BY REGISTRAR		S SIGNATURE	E
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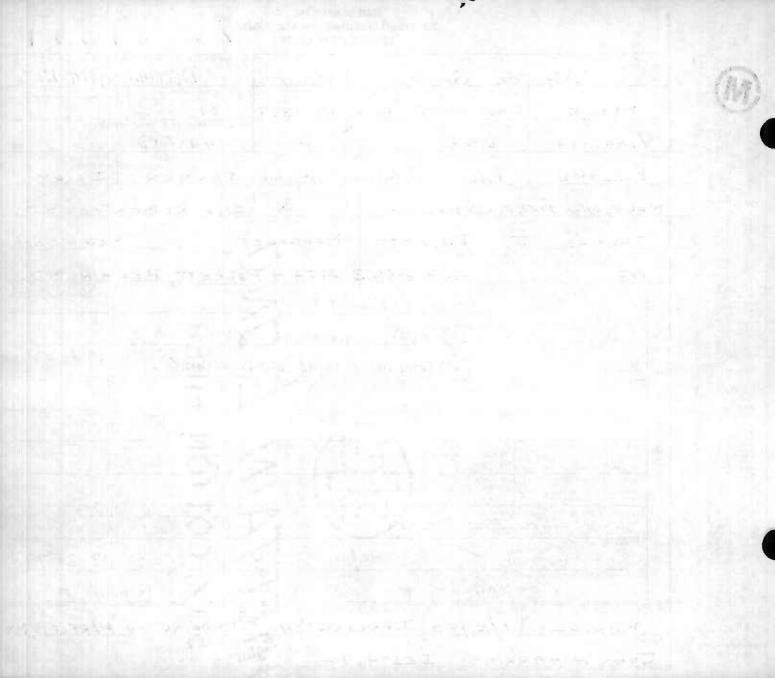


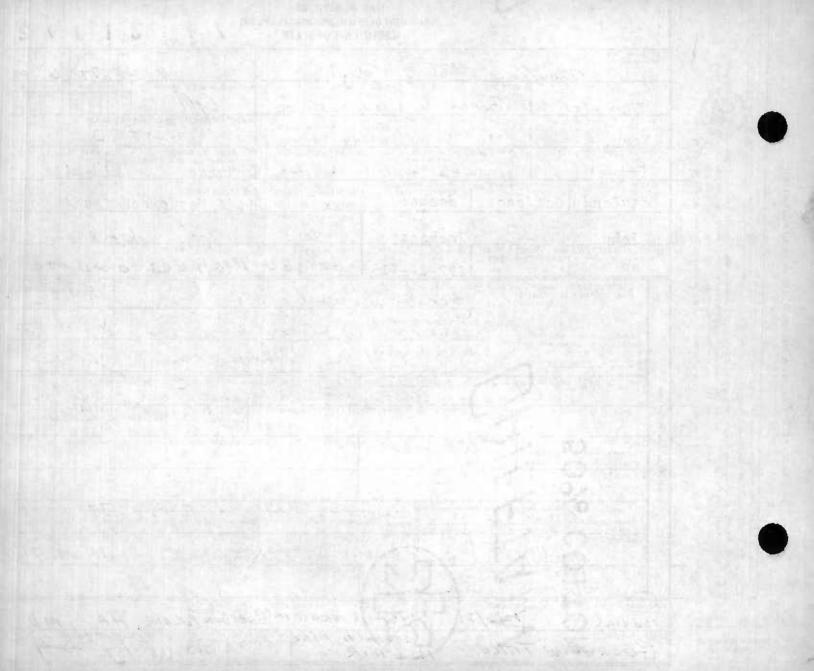
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		1 -	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL HY ICATE OF DEATH	19	3 1	U	9 0
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3		3 SE	FEMALE	4 RACE	A	5. DATE (	OAY YEAR	6 AGE (IN YEARS LAST BIRT		DNTHS DAYS	HOURS A
		70 RI	RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY		24, 1889	9 BALTIMORE CITY C	YRS	OF DE ATH	
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Hed &	00	10 C	TY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GIVE STREE	NG HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ION IF WORKING LIFE)	126. KIND (	OF BUSINESS
9.00	O.L.		Allston		Ston GEN		ospital	Housewife		Howk	MAKET
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nine		_	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	3		
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medico	1		40 -		217-01-39			Maldon berge			
t, the			18 CAUSE OF DEATH Enter	only one cause p	er line for (a), (b), o	nd ic ()	1:				ONSET AND D
even			PART I. DEATH WAS CAU	ISED BY IATE CAUSE (a)_		a	rarae a	crest			
ofic			4149	DUE TO.	OR AS A CONSEQU	JENCE OF	0. 1	A -2.	,	11	
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Item 18 sh	1		OR CONTRIBUTING CAUSE OF	DEATH	A.M. MONTH [ P.M.	AY YEAR					
or It		MEDICAL	21d INJURY OCCURRED	21e. PLAC	E OF INJURY		211 LOCATION				
rked		×	WHILE NOT WHILE D	(AT HOME,	TREET, FACTORY, OFFICE.	FARM, ETC.]	ZIKEEI	CITY OR TOV	N	COUNTY	STA
mo			22a. I certify that (I) (this ho	spital) overded	the deceased from	11-	7 19 76	10 12 m	21	77	that (I) (w
21 19			sow the deceased alive abave, (1) (we) (did) (did	on 12	- 20 19	79	nd that in (my) (aur) apinion	death occurred on the do	te and hour		
Item			22b. SIGNATURE	hal	death.		DEGREE			22c. DATE	SIGNED
1: 1				Inna	W		ATTENDING	MEDICAL STAI	FIANT	12/	21/2
IMPORTANT: I	1		22d. PHYSICAN'S NAME LTYP	E OR PRINT)	A A	10	22e ADDRESS	RINI	1		
MPORTANT.	1		N.7.	·IVA	112/	11)	200	/ letan	10	ve	
×.		23a. B	URIAL, CREMATION, REMOV	AL 23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	73d. LOCATION			
		13	BuriA	DEC. Z			ius Cath. Ch. CEM.		the Good C	O MANIE	1016 had
5	14	24_F1	INERAL DIRECTOR		Bro Adway			TE REC'D. BY REGISTRAR			,
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DELTA, PA

JOHN H. HARKINS



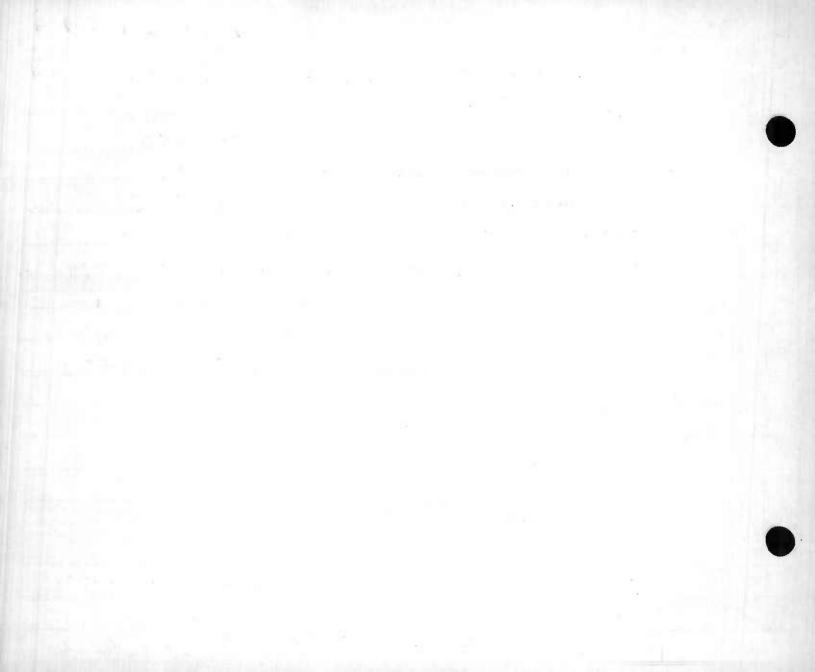


8		1 -	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	EALTH AND MENTAL I	HYGIENE 9	3 1	0 9 3
3 mg			CEASED NAME FIRST OR PRINT) VIRGI		WIDDLE	REEVI	AST ES	20. DATE OF DEATH		YEAR 26 HOUR 4:00A M
- (M)	1	3. SEX	MALE	4 RACE WHITE	3	S. DATE C		6 AGE LINYEARS LAST BIR	THDAY)  IF U  MON  YRS	JNDER I YEAR IF UNDER 24 HRS
	70	C	RTHPLACE ISTATE OR FOREIGN DUNTRY) RTH CAROLINA	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY S		DEATH MD
of the fa	10		VRE DE GRACE	11. NAME OF	HOSPITAL, NUR	RISTING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST FARMER/CI	OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
LIND 212	13	)3a. S	ARYLAND CO	FOR OTHER INSTITUTION	"CHESAP		13d INSIDE CITY LIMITS YES A NO	3. STREET ADDRESS 406 GLURG	E STREET	
MARYLL ed within mpletaly and 2 sh	10		THER'S NAME EORGE JOHN RE	ev <b>e</b> s	City		ALVAH MII			LAST
IMORE, in ord co	medical		/AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	217-20		17 INFORMANT Alva R. V	Williams	Edgew	ater, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, INC. PHYSICIAN. The law requires that the death certificate be reactually the customaring physician and could the bursal-trainit permit. Then please remices corbanipopers. Pages the and Method Hygeries prior to bursal cremation, or removal.	ar other troumatic event, th		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEC	QUENCE OF	ge			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 2  The law requires  on  thou been signs it permit. Then p  pade prior to bur	Vanius and interes.	RTIFICATION	PART 2 OTHER SIGNIFICANT	196 COND	DITION FOR WHI	The E	n was performed	200 AUTOPSY?  YES NOTE	206. IF YES, W IN CERTIFYIN YES	/ERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VIT NG PIETSKIAM offending physical are the certificate in the Burial-fram th and Methol Physical physical	orked or Hem 18 p	MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK AND	DEATH HOUR A NER) P 21e PLACE (AT HOME, ST	.M. MONTH .M. OF INJURY IREET, FACTORY, OFFIC	CE, FARM, ETC I	211 LOCATION	CURRED JENTER NATURE OF INJU		COUNTY STATE
At OR ATTEMD the hospital of the hospital of the hospital of the hospital of the description of the descript	IT. # Nem 21 is m		22a I certify that (I) (this has the decembed alive above II (we) and (die 77a SIGNATURE	on not) view the body	219	29.01	DEGREE ATTENDINI PHYSICIAN		AFF	that (1) (we) last and from the causes stated
TO HOSPIT retained by TO RUNER should be d	IMPORTAR	22.43	OUN	DY	w/	NAME OF C		AVE HAVRE DE	GRACE 2	21078
BP	_	2311 8	URIAL, CREMATION, REMOVE	12-7-			emetery or cremato prings	Rural F		Wythe Va.
DHMH - 16 50M 7/ (VR A 15 (4))	77	1	NOR NOR	TH EAST,	MD 2190	1	250.	THE RECIP. BY REGISTRAN	256. REGISTRAL	R'S SIGNATURE

Items 2a,8 g538 12/24/79 gj

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	MADER HAVES	
All Medicine Comment	Mich . S ROLL REDS-US-TOS	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	FOR	DEPAS	STATE OF A	MARYLAND	VOIENE			,
11.	- STATE REGISTRAR		L EXAMINER'S		PEATUY	G. NO.	0 4	0
	DECEASED NAME FIRST	rdaret C	) 20	heter	V	VN A MONTH	8 19 G	26 HOUR
3. SI	Conc	S. DATE OF BIRTH	LAST BIRTHDAY) MONT	NDER 1 YR. IF UNDER 2	MIN. PRONOUNCED DEAD	MONTH 12	8 19 9	2d. HOUR
F	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Baltimore, Md.	U. S. A.	UNTRY? 8. MARR			rd Co.	Y OF DEATH	440
10. 0	CITY OR TOWN OF DEATH  Fallston	11. NAME OF HOSPITAL, P			120 USUAL OCCUPATION FOR MOST OF WORKING LIN Housewife	N (TYPE OF WORK	OR INDUS	TRY
130.	STATE 130 CC	ME OR OTHER INSTITUTION, GIVE RESIDED UNITY 13c. Y	NCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	Regi	negg	Rd
	FATHER'S NAME FIRST  Adorph		idel	15. MOTHER'S MAIDEN Otille	WIDDLE		Jnknown	
160.	no	GIVE WAR OR DATES)	3-52-1156	Mr. Roland	A. Scherer	,12508 F		
	Conditions, if ony, wh gove rise to immed cause (a) stating the unc	DIATE CAUSE (a)  DUE TO, OR AS A Color	ONSEQUENCE OF	Arrest	, ASHD bolomina	λ	BETWEEN ONS	ET AND DEATH
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY	1?
AL CERTIF	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. MON	TH DAY YEAR	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PAR	YES 🗍	NO 🗌
MEDICAL	216. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJU STREET, FACTORY, FAR		OCATION STREET	CITY OR TOWN	cou	INTY	STATE
	220. I certify that I took ch	orge of the remains described of the remains d		Homicide	Inquiry Undetermined monner  MEDICAL EXAMINER  P 25 2 7 7	ond in my op  DATE SIGNE	17/0	1/39 mm
230.	Burial Burial	12-12-1979 23	Moreland Me	or crematory emorial Park	23d. LOCATION CITY OR TOWN Parkville	Balti	more	Md.
	FUNERAL DIRECTOR  Lassam, 11	750 Belair Rd.	, Kingsville,	Md. 21 087 DE	C 1 1 1979	REGISTRAR'S S	IGNATURE Gra	dy

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requires that the death certificate be executed within 24 hours

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician.

## STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND M		1 7	<b>3</b>	1	) 9	) /	
	CEASED NAME FIRST OR PRINT) LEE		H.	SENTA	MAN		20. DATE OF DEA	2-10-79	DAY	YEAR	26 HOU	JR 10A <sub>M</sub>
3. SE	MALE	4 RACE	MHITE	5. DATE O MONTH 12-		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS	DAYS	IF UNDER	MIN.
	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	MARRIED	D NEVER M.	ARRIED A	9. BALTIMORE C HARF		TY OF DE	ATH		ME
	VRE DE GRACE			RSING HOME O		UTION	120. USUAL OCC			KIND O	F BUSINI	ESS OR
13015	AL RESIDENCE (IF HURSING HOME		GIVE RESIDENCE I			40 🗆	130. STREET ADDI 359 ELM					
14 FA	ALEXÂNDER JACI	KSON SEN	rman LAST		ADDI	MAIDEN NAA KST 4	me HELÊÑ	F"GILLES	SPIE	LAST		
16a V	VAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (15 YES, C	ARMED FORCES?	217-0	5-4141	CHIZENS	Vinzin	Home Record	ADDRESS LAJ HAUR	de Gr	ACEL	Md.	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSE	9. 1	9 no s	144		needo	uses		792	ar
NOIL	Olivanie !	Frain X	Synd	rome	41	t. S.	INAL DISEASE OR					
CERTIFICATION	11% DATE OF OPERATION 9			HICH OPERATION			YES NO	INCER	TIFYING C	AUSES		TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH	M. MONTH	DAY YEAR	21c HOW INJ	JRY OCCURR	RED (ENTER NATURE C	SF INJURY IN ITEM T	B, PART I OR I	PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOTWITLE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC )	III LOCATION	1	em	OR TOWN	COU	NTY	51	TATE
	220 I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did 27b. SIGNATURE	on Nice	(O H)	19.79 an	DEGREE	19 79 our) opinion of TENDING HYSICIAN	death occurred an	STAFF		7	A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	Loo,	M.D.	1220 ADDRESS		INTONAVE		DE C	RACE	· MI	1
23a. E	BURIAL CREMATION, REMOV.	AL 23b DATE	1019	ZZI. NAME OF CI	EMETERY OF CI		13/9/19	in A	(David)	1	hi	ATE A

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove corbanopaets. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be notified at once.

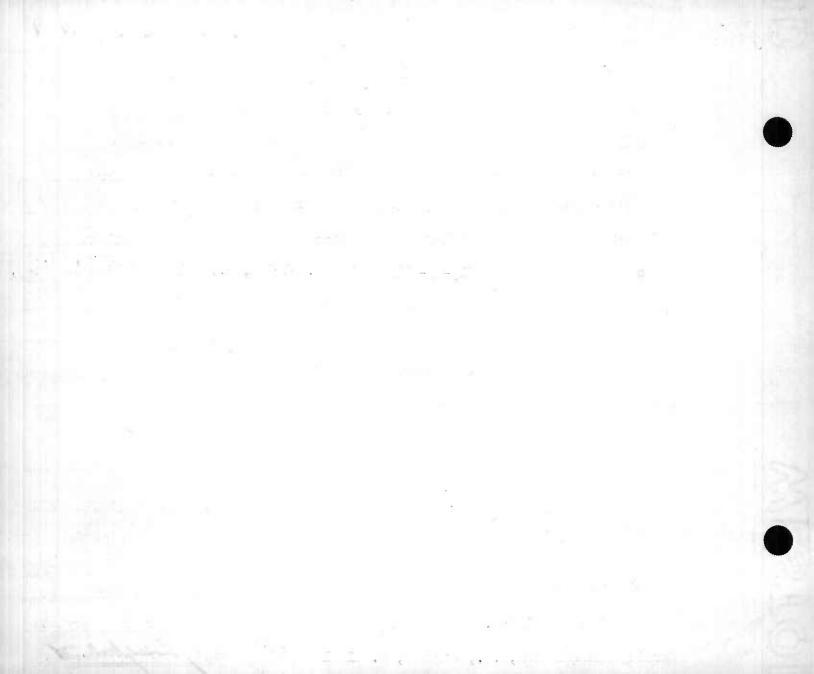
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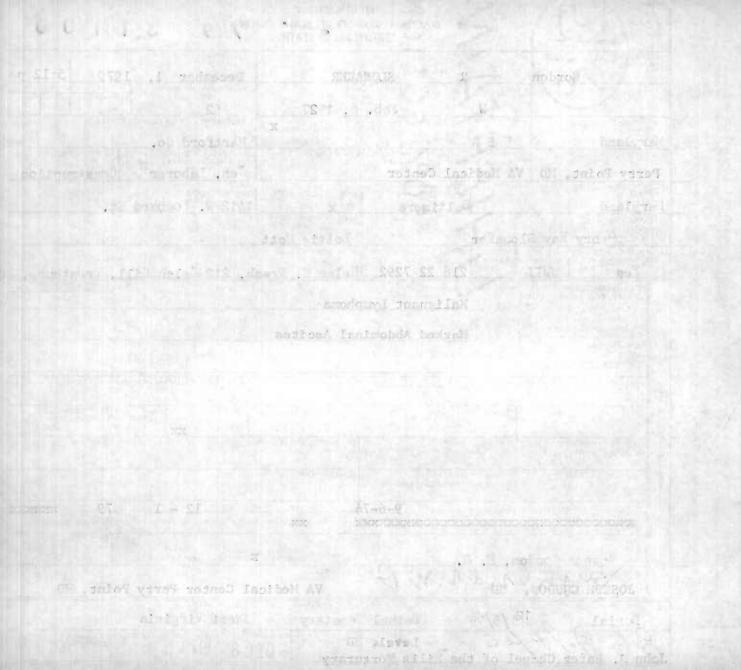
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDOLE 2e. DATE OF DEATH MONTH DAY 2b. HOUR TTYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HTHOM YEAR MONTH5 DAY5 HOUR5 909 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED X NEVER MARRIED Marvland WIDOWED DIVORCED IS CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ NOT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE þ LAST Edward Shiplev Alice Bartlett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) de (IF YES, GIVE WAR OR DATES) avre Grace. Jr. 2421 Old Robin James H Hood 18 CAUSE OF DEATH (Enter only one cause per line for (a), jb), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate lal, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IFICATION 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? YES M ntol Hygier NOF YES NO [ ş 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 27a.l certify that (1) (this haspital) attended the decreased from 9 sow the deceased all a an , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did no view the body after death 72h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PAREKH FUNERAL PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINTE 22e ADDRESS ld b 0 23a BURIAL, CREMATION, REMOVAL 234 LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN Jan. 1980 Bakers Cemetery Buria. Aberdeen Harford Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M ADDRESS NAME (VRA 15, 4) 7/78 JAN 198 Tarring Funeral Home P.A. Aberdeen Md.

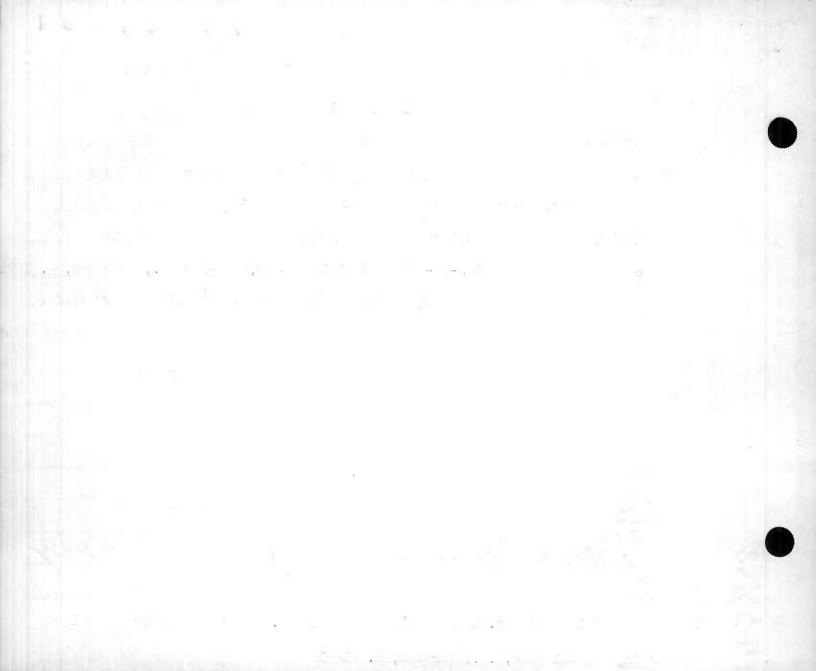


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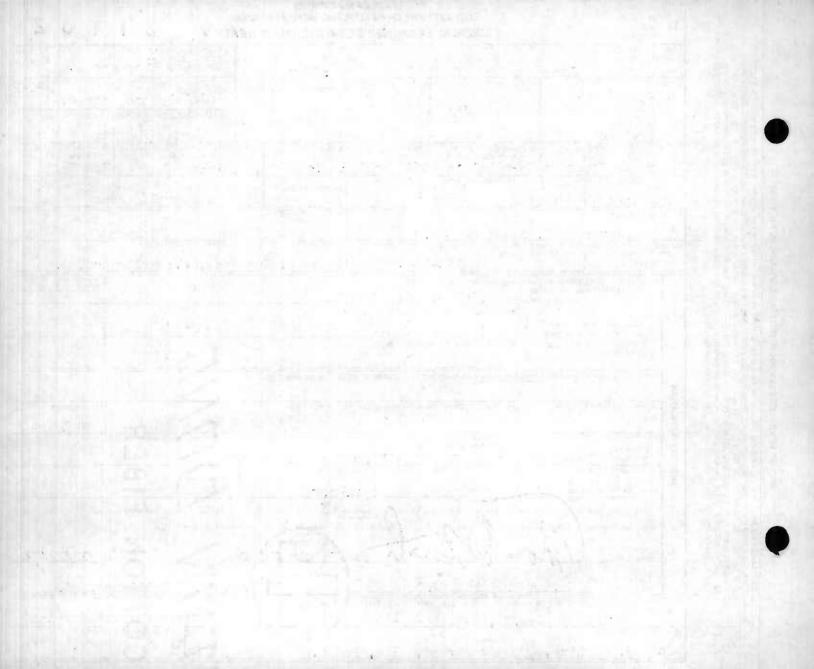


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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FJR51 DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINTI OF ESTI-DEATH MATED NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR Jerry Alan Stauffer 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY 5:15A PRONOUNCED Male White August 3,1962 17 DEAD PRESTON 1979 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED USA Harford County Maryland WIDOWED DIVORCED 2, AND 3 TO THE FL 3. RETAIN PAGE 5 SHOULD BE FILED. II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Havre de Grace to Rt#40 behind Exxon Sta. Sod Farm Laborer 13o. STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Harford Darlington NO 12500 Shuresville Road Maryland ORVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV PA FIRST MIDDLE LAST MIDDLE LAST AND Stauffer Colleen Sr Gehman FORM 60 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT DIVISION PAGES No 213-80-0529 James R. Stauffer, Sr.; Darlington, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Stab wounds of neck DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES X NO [ BE 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL 12 2119 79 subject assaulted P.M. PRIOR 218, PLACE OF INJURY JATHOME. 21d. INJURY OCCURRED ZIF. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE unknown unknown Autopsy 22s. I certify that I to Inspection TO FUNERAL DIRECTOR.
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, Homicide X death resulted from Undetermined monner TITLE (SPECIFY Deputy Chiefedical EXAMINER SKINATURE EXAMINER'S NAME Thomas Smith. Baltimore. Md (TYPE OR PRINT) Penn St. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION ITY OR TOW! Darlington Burial Darlington Harford Maryland Dec. 24, 1979 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) John H. Harkins, 600 Main Street, Delta, Penna. 30M 7/73



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(VRA 15, 4) 7/78

STATE OF MA	RYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR	PEI ARTH	CERTIFICATE OF DEATH	9 REG. NO.	1 1 0 4
		CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR 05
		Meril	Lerou	TASCO Sr.	Dec. 23	1979 10 PM
	3. SEX		RACE	5 DATE OF BIRTH MONTH DAY YEAR		UNDER 1 YEAR # UNDER 24 HRS
	5	Male	Black	Dec. 12, 1896	83 YRS.	ONTHS DAYS HOURS MIN
-		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
5		Maryland	USA	WIDOWED DIVORCED	Harford	MD.
-	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN     IF NOT IN SUCH FACILITY, GIVE STREET,	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
0	HA	rrede GRACE	Harford Man		Custodian	US-aovt.
1	USUA	L RESIDENCE (IF HURSING HOME OR C TATE \$13b, COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS	ao gova.
5		aruland Hark				Road
	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NAM	ME	
C		11	- Tasco. S	Sr. Elizab	oth Ta	\$ C.O.
à		AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECU		ADDRESS	<u> </u>
	, ,	ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES) 219-01-1	504A Adelaide E	. Tasco, Darli	naton. Md.
			one couse per per lorial to , or		,	APPROXIMATE INTERVAL BETWEEN ONSPI AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	BY. Delate	ral breum	one	11 days
		4599	DUE TO AR AD CONSEQUE	NCE OF C		0
		Conditions, if any, which	Cardi	20 Decomple	Salish duo to	2 days
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF A	01	- /
		underlying couse last.	(c)	H.S. C.	1. Do.	7
		PART 2 OTHER SIGNIFICANT OF	PNOTIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	LIN PART HO
	S(	Chrone 1	Draine Ach	drome due	To Alnelity (2	P. O.P.L
7	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
1	TIF				YES NO VES	ON □
G	_	218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T I OR PART 2)
	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		p.
1	(ED)	216. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE		5	-5	Carried Filling
- 1			Pr-	11/20 10 00	170- 33	sum but

270.1 certify that (1) (this haspital) stitleded the deceased from saw the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE

220 ADDRESS

Cemetery

Md.

DEGREE

ATTENDING ME DIRECTOR PHYSICIAN

226. PHYSICIAN'S NAME (TYPE OR PRINT)

234 NAME OF CEMETERY OR CREMATORY

Berkley

23d OCATION LITY ORTOWN Darlington

230 BURIAL, CREMATION, REMOVAL BUNIAL 24 FUNERAL DIRECTOR DHMH-16 20M

FOR

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injury, ar other troumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

McComas III, Abingdon Howard

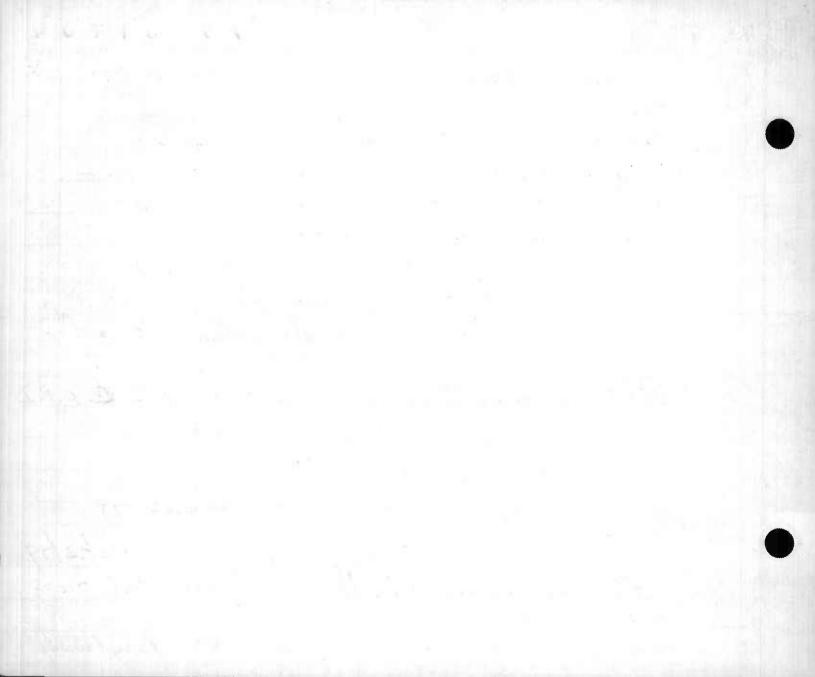
23b. DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR

and that in (my) (our) apings death accurred on the date and hour and from the causes stated

Harkord

TIL DATE SIGNED



Jarrettsville, Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

M. G. Kurtz 111

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

DAYS

Farming

NO I

22c. DATE SIGNED

STATE

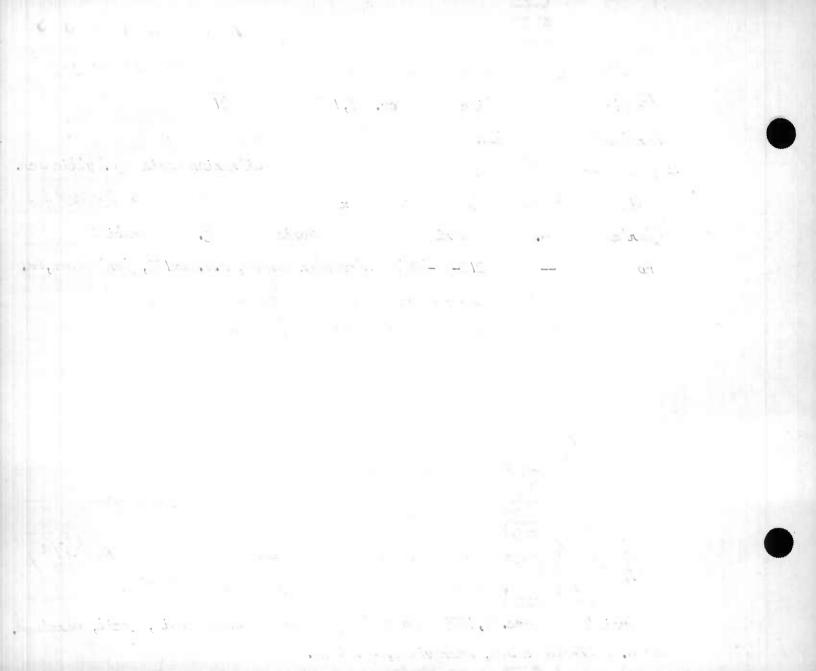
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STATE OF MARYLAND

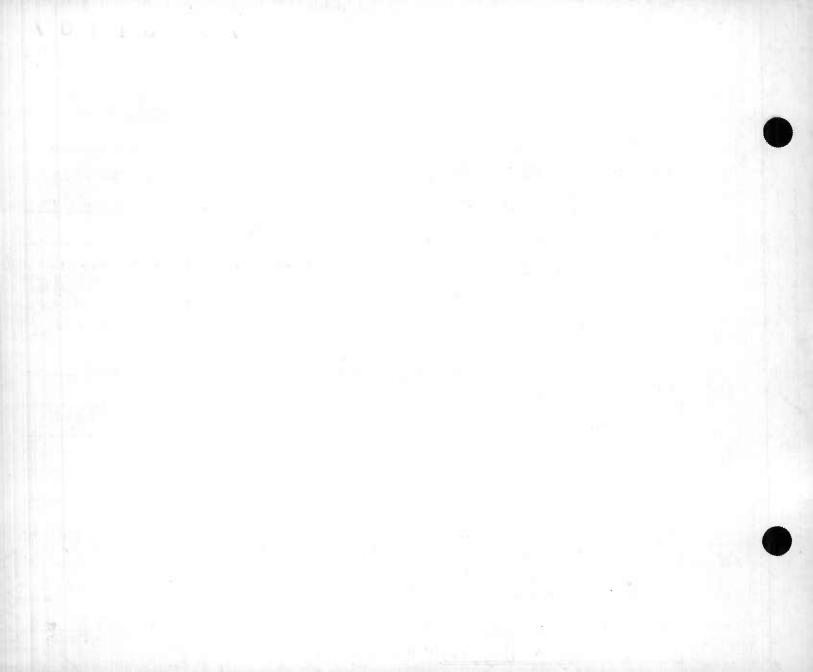
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

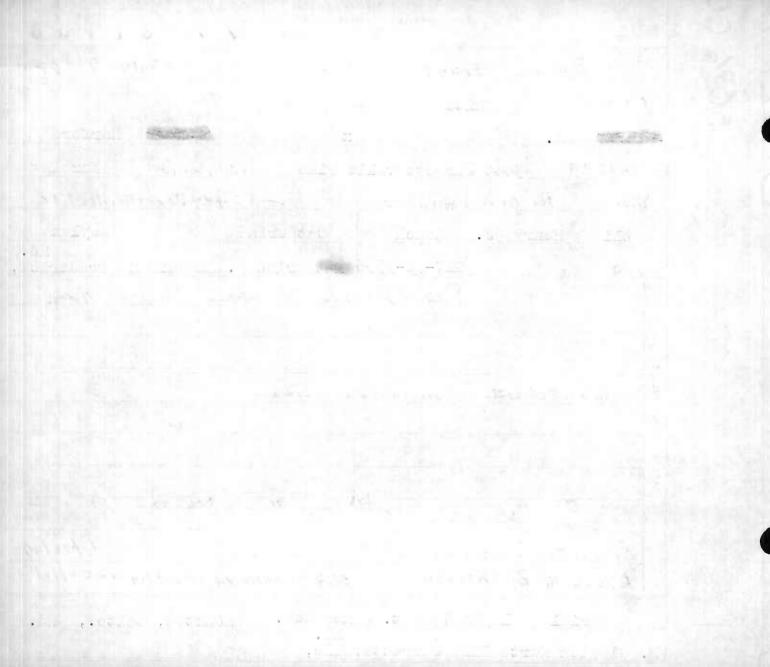
FOR

- STATE



	1			STATE OF MARYLAND		
6	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	19	3 1 1 0 7
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pe 4 mo	3. SE	MALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR (D 13 1918	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
- 3 1 N		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
to office of		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVO	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
nours al cours al cou	11/	WEE DE GRACE	MARFORS MEMOR ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134/CJRY OR TOW	IAL HOSPITAL	TRUCK DRIV	
MD 24 h	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13) COUL	NTY 134CITY OR TOWN FORD APERICA		13. STREET ADDRESS	TH DEEN St
MARYLA  rd within  pletely  and 2 sh  examines	14. F.		MIDDLE LAST WALDER	15. MOTHER'S MAIDEN NA PRIST CUNKNOWN	WE	LAST
E S S S S S S S S S S S S S S S S S S S		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
MORE, nond comedical	L	YES, NO OR UNKNOWN) (IF YES, GN	VEWAR OR DATES) 242-12.	(350) L.E. WALDRO	P 3355. DE	ENST. ABERDEEN, M.
ST., BALT ertificate to appropriate population of the properties o		PART I. DEATH WAS CAUST	nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a)	diae Dec	mpensa,	lion 2 days
W. PRESTON of the death of the attendin the remove carb cremation, or ther traumatic	F	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCEOS CIV. D	. U	zyeas.
W. PRI	Ь	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		0
res the	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)
TALRECORDS, The law requiring the has been signer prior to be given prior to be shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	N CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The retribis certificate th of the burnel-tronsit p th and Mental Hygien  orked ar Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	VITEM 18, PART 1 OR PART 2)
DIVISION DING PHYSE or attending After this ce e as the burn alth and Mer	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
DING or o or o or o or o or o or o or o or			ital) attended the deceased from_	12-4 19 79	10 12-6	19 77 , that (I) (we) lost
RECTOR hed for until Head for until		sow the deceased plive or	15 / 4	22 ond that in (my) (aur) apinion	death occurred an the date	and hour and from the causes stated
		22b. SIGNATURE	Indchoon	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR   PHYSICIA	NO 13 6 79
HOSPI ined b		THE PHYSICIAN'S NAME (TYPE OF COURTS)	O. LOP.	M.D. Haure	de Gra	ce, Md. 2107
sha of war	23a	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		BURIAL	12-10-79 AN	GELHILL CEM.	HAVRE DE 6	RACE HARFURD IND
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERAL DIRECTOR	in Haw Have	le Frace, Mel DE	C 1 1 1979	A BEGISERAR'S SIGNATURE

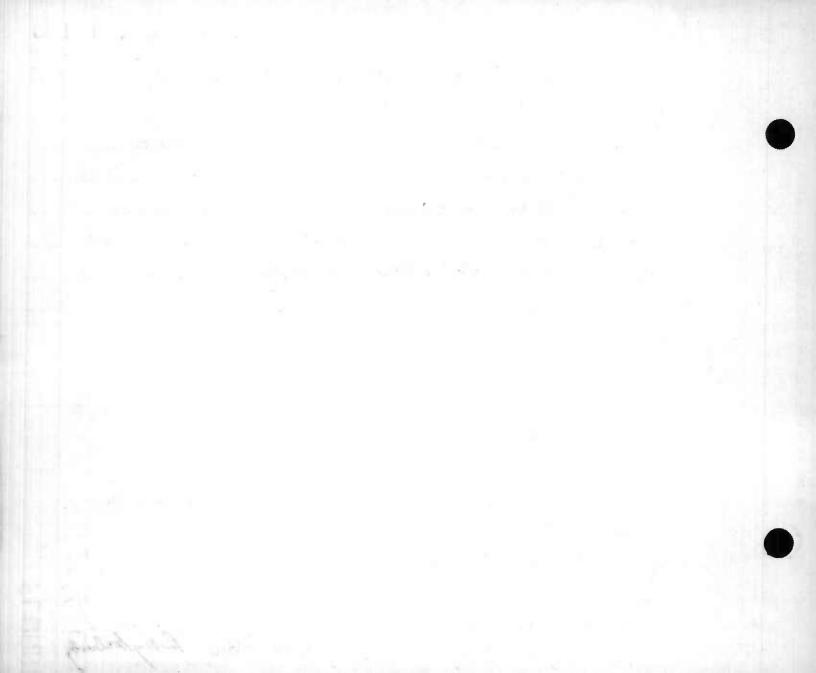




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30446/4		vre de		Harfor	d Memo	rial		ta1		Cust	tod:	lan		Sc	chool	SESD
ZOF30	13a. ST	ATE	1136 COUN	OR OTHER INSTITUTION, G	13c. CITY	OR TOWN		13d INSIDE CITY		Be. STREET						
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PAGES 1 DIVISION	(YE	S. NO. OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)		-26-1		R.T.	Warne	r, Fa	awn	Grov	ve.P	a. ]	17321	
DIVI		18. CAUSE O	F DEATH (Enter on	ly ane cause per line	far (a), (b),	ond (c).)							7		APPROXIMAT ETWEEN ONSE	E INTERVAL
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S. T.	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR V	VHICH OPE	RATION W.	AS PERFORM	ED?	onal y	ar.	LLY		20	. AUTOPSY	?
E STATE DEPARTMENT OF HEA	TIF											100		-08	YES 🔀	NO 🗆
S SU		LINDERLYING	L CAUSE WAS		KMONTH		R	OW INJURY C						R PART 2)		
N. J. A.	MEDICAL	CONTRIBUTION CONTR	NG CAUSE OF I	DEATH 6:15 P.M		25 19 7		iver o	f auto	o/aut	o in	npact				
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\$1	1	death resulte	ed from: Natur	ral causes 🔲,	Accident	LASI, Si	icide	, Hamicia		Undetermi	ned ma	nner	,			
H, WITH THE MARYIAND,		ACTUAL SIGNATURE_	Verge	mer Kl	Dolar	10		ASSI	stant	MEDICAL	EVAL	INIED	DA	TE SNED_	12/8/	/79
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TO CUNERAL DIRECTOR TO FUNERAL DIRECTOR TO FUNERAL WITH THE BALTIMORE, MARYAND		EXAMINER'S (TYPE OR PRIN	NAME Virg	ginia L. I	Dolan,	M.D.		ADDRESS	3.2			111 E	Penn	Stre	eet	
BA AF	230. BL	RIAL, CREMAT	TION, REMOVAL 2					R CREMATOR		23d. LOCAT	NWC		(	OUNTY		TATE
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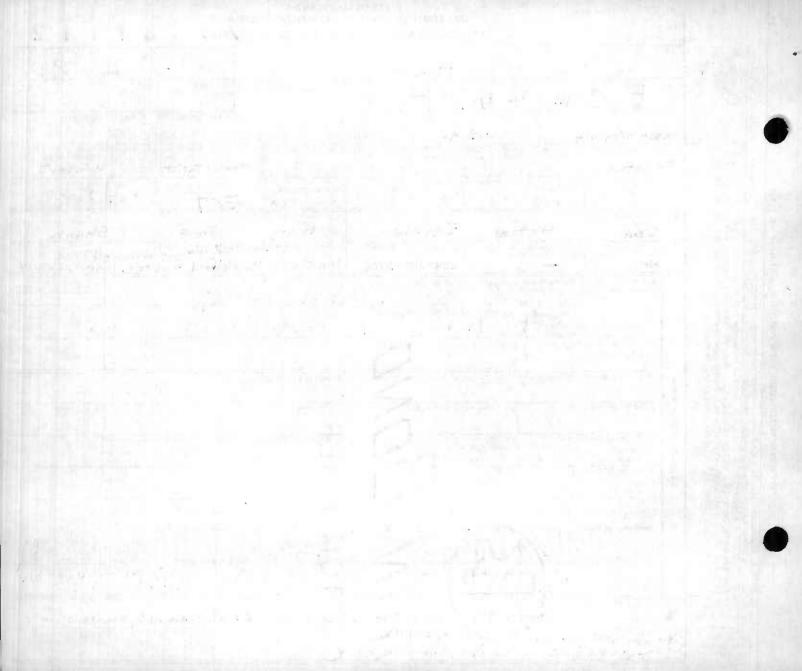
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			1.	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE 7	PREG. NO	3	1 1	1	0
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s of	by a	206	HA	vre de Grace	11	Moria	Hospital	HOUSE	1 .		SAM		
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l he l	if pe	2	TIE					YES 🗌	NO	YES		NO	
Nysic	ronsi	9	CE	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATU	IRE OF INJURY	IN ITEM 18, PA	RT ( OR PART 2)		
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			REGISTRAR	WE	DICAL EXAMI	NER'S CERTIF	ICATE OF DE	ATHY	REG. No.		
			EASED NAME FIRST	, <	WIDDLE	1 · 1L.	1	20. DATE KN	IOWN MONTH	DAY YEAR	26. HOUR
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E C	-	3 SEX	1	5. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UNDER 1 YR		20. DATE	MONTH	DAY YEAR	2d. HOUR
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W. B. E. E.	25	Zo. BI	RTHPLACE (STATE OR THE STATE OR	Th CITIZEN OF W	HAT COUNTRY?	8 MARRIED N	NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	TY OF DEATH	
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	11					YES [	] NO []				
	949	14. FA	THER'S NAME	MIDDLE	LAST	15 MOT	HER'S MAIDEN NAM	AE MIDD	LE *	LAST	
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O A A O Z	4		AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI	TY NO. 17. INFO	RMANT		address TNG-ton	DMRI	inctor
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2 8 F		1 1	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly ane cause per line	e far (a), (b), and (c).)	11.	· 1/2	7		APPROXIMAT BETWEEN ONS	TE INTERVAL
PRESTON ST. WITHIN 24 HO CIL IN ITEM 1 INER ALONG AN HYGIENE				TE CAUSE (a)		- Stale	SC WA	1620			
STO A FIRE STO	AL		4/40	DUE TO, OF	R AS A CONSEQUENCE	OF L.	1. F	771	th.		
PRE CHE	NO.		Conditions, if any, which gave rise to immediate	(b)		HYTPH.	02(14/01)	1169	11, N1265	32	
OT W. PRESTO	OR REMOVA		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OF	AS A CONSEQUENCE	OF	-				
DIVISION OF VITAL RECORDS, 301 W. S CERTIFICATE SHOULD BE EXECUTED VRITING THE WORD "PENDING" IN PEN RDED TO THE CHIEF MEDICAL EXAM PES 3 SHOULD BE USED AS A BURIALTRE DEPARMENT OF HEATH AND MEN!	0			(c)							
ECORDS, 30  D BE EXECUT  ENDING" IN  MEDICAL E)  AS A BURIL  SAITH AND A	CREMATION, O	7	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE LER	MINAL DISEASE DE CONDIT	IDN GIVEN IN RART I (a).				
TAL RECORDS HOULD BE EXI TO "PENDING THEF MEDICA USED AS A B OF HEATH A	EMA	CERTIFICATION			NIGH	other M	16111 Juz				
SHOULD ORD "PER CHIEF A	50	CA	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS PERFO	DRMED?			20. AUTOPSY	'?
VII.	BIAL	RTIF	210 EXTERNAL CAUSE WAS	211 71115	5.00.00					YES 🗌	NO 🗆
ON OF THE WITTE WAT THE THE THE THE THE THE THE THE THE TH	23		UNDERLYING OR	216. TIME O HOUR A.A	A. MONTH DAY YEA	R ZIC HOW INJUR	RY OCCURRED LENTE	R NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	RT 2)	
SION TO TO T	JR To	MEDICAL	CONTRIBUTING CAUSE OF D								
DIVISION IS CERTIFING ARDED 1	PRIC	MEC	WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	со	UNIY	STATE
A A A A L	201		AT WORK AT WORK						À		
DIVISION OF VITAL R  EXAMINER: THIS CERTIFICATE SHOUL CERTIFICATE, WRITING THE WORD "P ULUD BE FORWARDED TO THE CHIEF DIRECTOR, PAGE 3 SHOULD BE USEI WITH THE STATE DEPARTMENT OF H	0,21		22a. I certify that I taak charg	e of the remainede	scribed abave, held an	Autapsy .	Inspection	Inquiry	and in my ap	oinian	
EXAMINER: CERTIFICATE OLD BE FOR DIRECTOR:	Z		death resulted fram: Natur	al cause	Accident , S	picide	nicide Und	etermined mann	er ,	1	,
EXA DIC DIRE	ARY		10 THAT 10 THE	- 10	G	TITLE	(SAECYEY)			10/18	ma
HOLL HE	, X		ACTUAL SIGNATURE	DVV) 1-	Umoss	M.D. 13	SSO VAD . ME	DICAL EXAMIN	ER SIGNE	D 04/10	
EDIC TITE T A S NNER	8 2		EXAMINER'S NAME	Mary D.	ALLOSE		2110HM	remote	10 711	エルナ	- MA
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNETR DIRECTOR: AFTER DEATH WITH THE	ALTIA		(TYPE OR PRINT)	Hora Di	1141022	ADDRESS		1979/11/N	111/10	1 9117 10	
0 P A G	80		IRIAL, CREMATION, REMOVAL 2	36. DATE	23c. NAME OF CE	METERY OR CREMA	CI	OCATION OR TOWN	COU	NTY, S	STATE /
BP		24 51	BULIA V	2/22/1	9 BURK	(G)(G)			NOTON,	YA /	110
DHMH - 17 (VR A15 ME (		11.0	NAME AN GE IN	14/ FADDRESS	25/10	ma 17		1070	256. REGISTRAR'S S	URE	
15M 7/77	104	-	2020-001	1100	50 5/1//	110	DEC 7 4	13/3	0	/	- 1

	1,	FOR • STATE	D	STATE OF EPARTMENT OF HEAL	MARYLAND H AND MENTAL H	YGIENE	
	L	REGISTRAR		ICAL EXAMINER'S	<b>CERTIFICATE O</b>	KEG, IN	
The state of		ECEASED NAME PE OR PRINT)  PO Y	-othy	Adaline U	101Ford	20. DATE KNOWN OF ESTI- DEATH MATER	MONIH DAY YEAR 75. HOUR 1227
DOMECTIC NATIONAL STREET	3. SE	Ends Cable	5. DATE OF BIRTH	6 AGE (IN YEARS IF	JNDER 1 YR. IF UNDER 2	24 HRS. 26. DATE MIN PRONOUNCED DEAD	12-2 1979 12 PM
WHEN WEN &	F	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WHA	MAI	RRIED NEVER MARRIE	DUI	OY COUNTY OF DEATH
PELAY IS TO THE IN PAGE BE FILED DS, 301 V	-	TAllston		ITAL, NURSING HOME, OR O	os o 1 tal	126 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 126. KIND OF BUSINESS OR INDUSTRY
RETAIL HOULD	USU 13a.	AL RESIDENCE (IF IN NURSING HOME STATE 136. COL	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) 13c. OTTY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS	ofield Place
S IN S	10 14.1	ATHER'S NAME	MIGDLE TETZE	SAVILLE	15 MOTHER'S MAIDEN	JANE	Shank
H FO GES SION	1 160.	WAS DECEASED EVER IN U.S. A YES, NO, OR UNKNOWN) (IF YES, GN	RMED FORCES? E WAR OR GATES)	166. SOCIAL SECURITY NO. 234-40-3706	Mr. Charles	R. Wolford BET	Jakefield Place Air, Maryland 21014
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per line fo ED BY: ATE CAUSE (a)	ar (a), (b), ond (c).)	rdisc 1	Vreet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SECOLO VITTINI ZA NO SENCIL IN ITEM 1 AL EXAMINER ALONG BURIAL TRANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL.		Canditions, if any, whic gave rise to immediat cause (a) stating the unde	b DUE TO, OR A	S A CONSEQUENCE OF	ic Aport	Dize 282.	
AL EXAMALT SURIAL-T		lying cause last.	(c)	S A CONSEQUENCE OF			
WORD "PENDING" WORD "PENDING" HE CHIEF MEDICA DE USED AS A B INT OF HEALTH AI	Z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO GEATH BU	IT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	[1](0).	
CHIEF MEDICAL EN USED AS A BURIL OF HEALTH AND ALL CREMATION, O	BICATIO	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
THE CH SULD BE U TMENT OF	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	the second second	MONTH DAY YEAR	HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 F	
ARDED TO THE CE 3 SHOULD BE TE DEPARTMENT OF THE DEPARTMENT OF TO BURIA	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	Zie PLACE OF STREET, FACTO		OCATION STREET	CITY OR TOWN	COUNTY STATE
PA STA STA 2120		22a. I certify that I taak cha			apsy , Inspection		d in my apinian
L EXAMINER: E CERTIFICATE DUID BE FOR L DIRECTOR: H, WITH THE MARYLAND, 2		ACTUAL MALL	MAR A	Accident L. , Suicide L	TITLE (SPECIFY)	Undetermined manner	DATE 12/2/
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, MA	2-	EXAMINER'S NAME (TYPE OR PRINT)	Mard P F	moss	ADDRESS 2+04	PRESENTY /	RI Falls on MI
BP BAG BAG	4 - 1	BURIAL, CREMATION, REMOVAL	236. DATE DEC. 4, 1979	BEL AL MEMOR	OR CREMATORY	23d. LOCATION CITY OR JOWN BEL ATT, HARFORD	Co, Maryland 21014
DHMH - 17 (VR A15 ME (5))	24. 1	UNERAL DIRECTOR	ADDRESS BEL A	way & Williams S	250. DATE RI	EC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE



	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE / 9	3 1	11	3
70.4		CEASED NAME FIRST (CORPRINT) BEULF	AH G.		AST OOD		MONIH DA'	79	HOUR : 11 p
Jan.	3 SE	x FEMALE	4 RACE WHITE	MONTH	DF BIRTH 1 1296	6. AGE 11N YEARS LAST BIRT			UNDER 24 HRS DURS MIN
979		RTHPLACE (STATE OR FOREIGN OUNTRY) NNESSEE	76 CITIZEN OF WHAT COUNTY	WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH HARFORD COUNTY			M
openied in		VRE DE GRACE	II. NAME OF HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	ON F WORKING LIFE)	126, KIND OF BU	JSINESS OF
filled to the state of the stat		AL RESIDENCE (IF NURSING HOME O STATE MD	ROTHER INSTITUTION, GIVE RESIDENCE IN 130 CITY OR BEI	TOWNER ADMISSION	13d INSIDE CITY LIMITS? YES \( \text{NO} \)	13e STREET ADDRESS 2908 CRES	WELL R	OAD	
ond 2 sh	14. F/	ATHER'S NAME FIRST FILT	MIDDLE LAST GRAI	-IAM	IS MOTHER'S MAIDEN NAME FIRST ANNIE	WIDDIE		IVESTER	2
Pages 1		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	72-9310	17 INFORMANT  CHART	ADDRE	SS	APPROXIMATI BETWEEN ONSE	
n signed by the attending phys. Then pleose remove corbonpop ta buriol, cremotion, or remove niury, or other traumotic event,	CAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSI	EOUENCE OF	NOT RELATED TO THE TERM	<i>V</i>		N IN PART 1(0)	
hos beer t permit.		190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS ING CAUSES OF	
phys I-tro Iol Hy m 18		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAR	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	vn 1	COUNTY	STATE
TOR: for us of He 21 is		sow the deceased alive or	n 12 8 19 ot view the body ofter death.		nd that in (my) (hur) opinion	death occurred on the do	79, 19		ses stoted
che Che		226 SIGNATURE 3	N.	m.D.	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	DIRECTOR   STAI		12-9-	NED - 79
retoined by the TO FUNERALL should be deto with the State IMPORTANT. If	23 n	B.J. Plunket	t. Jr. MD	231. NAME OF C		23d. LOCATION	Aberde		21001
BP		(SPECIFY) Removal/Burial UNERAL DIRECTOR	10 Dec.79	Chattan	ooga Mem. Park	Chattanoo	ga Hami	OUNTY  Ilton  ARSSONATURE	enn.
H-1650M7/77 VR A 15 (4))		Parring Funeral	Home P.A. Ab		Md 21001	C17 1313	, ,	/	1

CAPTER TOWNS OF A	
da I was toro o c	

FOR STATES	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 3 1	114						
→ HEALTH DEPT.	1. DECEASED NAME (Type or Print) LENO THOWAN Zane//c 20. DATE KNOWN Month Doy OF ESTI- DEATH MATED 12 L	Y Yeor 2b. HOUR 1979 8 M						
y delay , ond PM3. Eg	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 14 FARS 14 UNDER 24 HRS lost birthday) MONTHS DAYS HOURS MIN MONTH Doy / 2 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4	Zar 19 29 M						
1 - E 0 7	7a. BIRTHPLACE ( 7b. treign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED   11 ARFORD	Mr						
death death with with	Edgeword give street oddress) Herwood Rd during most of working life, even if retired.) INDI	KIND OF BUSINESS OR USTRY						
@ 5 @ T > 3	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 13b. COUNTY Harford Edgewood YES NO 1446 House of fed Care							
ALTIM hour hour litern office offer	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle VINKNOWN	Lost						
hin niner niner hour	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (16) SOCIAL SECURITY NO. (17) INFORMANT (16) SOCIAL SECURITY NO. (17) INFORMANT (16) SOCIAL SECURITY NO. (17) INFORMANT (17) INFORMANT (18) SOCIAL SECURITY NO. (18) S							
ESTON STR (ecuted will ding" in pe edical Exor eermit. File	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (cl.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CORD NAME ARE LEVEL CO.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
W. PRESTON be executed "pending" in hief Medical I ansit permit.	Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove )							
AL RECORDS, 301 W. PRESTON s certificate should be executed with word "pending" if forwarded to the Chief Medical used os a burial-transit permit.	rise to immediate couse (o), stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   last.							
ORD tate ig the ed t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
F VITAL RECO This certificate, writing be forward do be used o	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1	20. AUTOPSY? YES NO						
	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OF COURRED (Enter noture of injury in Port 1 or Port 2, Item 1 Pound A.M.  CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Course.)	8.)						
MIN The the True of the Helphane of the Helpha	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street,  WHILE NOT WHILE OF INJURY (At home, form, street,  AT WORK	ounty Stote						
DIVIS ICAL EXAN ICAL EXAN Sexecute the for. Page 4 for your CTOR: Page buriol, crem	22a. I certify that I taak charge af the remains described above, held an Autopsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian						
MEDICAL pleose executed in the control of the contr	ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  CHIEF MEDICAL EXAMINER  22b. DATE SIGN  22c. DATE SIGN	NED						
O DEPUTY MEDICAL IN INCRESSARY, please execute the funeral director. Possible 5 may be retained far O FUNERAL DIRECTOR:		17-79						
TO DEP necess the fur 5 moy TO FUNE Heolth	230 BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial 12/16/79 Removal/Burial 12/16/79 All Saints Cemetery Elysburg Northumbe:	unty) (Stote)						
VR A15ME (5) 10M - 1/69	24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGN  DANGED TO 1 9 1979  DANGED TO 1 9 1979							

MARYLAND STATE DEPARTMENT OF HEALTH

